

What Police Do? What Victims Need?
A qualitative analysis of the police response to domestic violence (in Essex)

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ABSTRACT

The key purpose of the research was to review the policing of domestic violence in Essex to identify how police understandings of domestic violence impacts on their response to the problem and the levels of protection offered to victims. Through unique access to police files and police property it was possible to provides analyses of, observations of police practice; victim pathways; risk assessment/management processes; training initiatives. The qualitative research design focussed on highlighting the voice of the victim, adding to current efforts to improve police performance, and align more closely ‘what police do’ with ‘what victims need’ to provide a better service and prevent further harms.

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1. INTRODUCTION

In the last few decades domestic violence has moved from being a ‘personal problem’, for which little or no legal assistance and/or protection was available, to be a ‘public issue’ that entitles victims (mainly women) to protection from perpetrators. Since the 1980s, thanks largely to feminist research and non-governmental organisations (NGO) campaigns, there has been a growing awareness of the serious impact of domestic violence on victims and families which has resulted in a range of policy and practice developments to address the problem (Harwin, 2006) - not least in the policing of domestic violence.

The overall financial cost of domestic violence to society is reported to be £15.7 billion a year (Walby, 2009); although, more recent estimates from Women’s Aid (2015) suggest the figure is closer to £23 billion. It is difficult to measure the financial cost given the wide range of agencies and services that victims and perpetrators engage with - some victims may access services repeatedly (e.g. NHS services) without ever disclosing domestic violence as a reason for their requiring support. Of greater concern is the human cost “of wasted years and lives lost” (Scott et.al., 2015: 9) - in the year ending March 2017, 82 women and 13 men were killed by their partners or ex-partners (Flatley, 2017). If lives are to be

saved, it is paramount that victims who do make the difficult decision to disclose their experience of domestic violence are given the help and support they need from the outset via a range of agencies and services.

The police are the frontline in the response to domestic violence. As such, police chiefs are keen to draw on research evidence to inform policy and practice and improve the police response to domestic violence victims. A great deal of ‘what works’ research, which contributes to developments in evidence-based policing, involves random controlled trials and counting/measuring outcomes in relation to a specific intervention (Sherman, 2013). This study adds to that knowledge base with a qualitative analysis of ‘what police do’ and ‘what victims need’ and then brings it all together via a more comprehensive pathways approach to look at the ways in which ‘what police do’ might be more closely aligned to ‘what victims need’. In considering ‘what works’ and the delivery of initiatives, it is important to consider the ways in which police officers interact with victims at every stage. It is also important to consider police understandings of domestic violence (top-down and bottom-up) and the ways in which this may impact upon the overall service to victims. As such, this study involved hundreds of hours of observations of police practice, from the board room to the training room, from frontline response to command team operations. Studies of this kind are few and far between

due to the difficulty of gaining this level of access to police files/operations. The unique access gained for this study made it possible to gather some rich data on the police response to domestic violence in Essex.

The motivation for the research was based on both professional and personal experiences. Professionally, it is an important area of research. Given my own experience of domestic violence and the police response to it, along with my capacity to now view and utilise this experience in a more professional context, I recognised the need for further development in the policing of domestic violence and was driven to undertake this work. The invitation to carry out a research project at Essex Police was offered on the basis that any improvements to the police response to domestic violence should be based on research which offers academic rigour. The overall aim of this study was to highlight how the police service may improve their response to domestic violence through a more appreciative awareness of risk to DVA victims and the views and needs of victims who require their help. Ultimately to align more closely ‘what police do’ with ‘what victims need’.

In order to gain a clearer understanding of ‘what police do’ and ‘what victims need’ the research set out to:

- (a) consider how risk of harm to DVA victims is currently understood

and applied in Essex Police.

- (b) identify the needs of DVA victims to establish how risk management may be more effectively aligned to risk factors.
- (c) identify better ways of measuring and monitoring risk to establish how further incidents may be reduced.
- (d) evidence how victim voice might affect the levels of protection.
- (e) add value to how Essex Police monitor their own performance in relation to risk assessment and management by putting victim voice at the heart of the service.
- (f) consider best ways of incorporating the insight of victims into police practice.
- (g) to review current officer training initiatives.

2. CONTEXTUALISING THE RESEARCH

There is a wealth of literature on domestic violence spanning over fifty years. In terms of responses to domestic violence, there have been several developments over that time which are largely due to the ever-expanding knowledge base on domestic violence and the experiences of victims. This study adds to the knowledge base on the policing of domestic violence more specifically. Therefore, rather than attempting to cover the breadth and depth of significant literature and knowledge on all aspects of domestic violence and responses to the problem, this chapter focuses on those themes which are most relevant to the research. Divided clearly into sections, the intention is to set the scene for an exploration into the policing of domestic violence and the ways in which the service may, or may not, have improved for victims of domestic violence.

2.1 Domestic Violence and Abuse – Criminal Justice Definition and Terminology

“There is no single, universally accepted, definition of domestic violence” (Hughes and Jenner, 2018: np). Most current definitions of domestic violence and abuse necessarily include a range of abusive behaviours which tends to reflect a society’s understanding of the problem – although,

does not necessarily reflect the scope of the problem or the extent to which it may, or may not, be treated as a serious problem. Definitions of domestic violence, as well as the resources allocated to prevent it, are likely to differ at the international, national and local level. Political, economic and social circumstances within each region are likely to have an impact upon the way the problem is defined.

In the UK, the ever-expanding *official* (Home Office, 2013) definition of domestic violence and abuse, as well as the new legislation on coercion and control introduced during the course of this project, the Serious Crime Act, 2015, is evidence that we are now beginning to recognise a wider range of abusive behaviours within intimate/family relationships. The most recent additions to the Government definition (guided by research findings) were made in March 2013 to now include:

“any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; emotional” (Home Office, 2013 – see additional explanatory text).

Note, the above definition from HM Government is not a legal definition. It applies to ‘domestic violence and abuse’ and includes a wide range of

abusive behaviours – not all of them may be ‘criminal acts’ and not all of them may be considered as inherently ‘violent’ (e.g. financial abuse). As such, some organisations and institutions (including the police) tend to use the term ‘domestic abuse’ rather than ‘domestic violence’ (these terms may still be used interchangeably within the organisation/institution). It can be argued that the term ‘domestic abuse’ reflects, more accurately, the range of abusive behaviours that do not always involve physical violence or the threat of physical violence but may form a pattern of coercion and control. However, it might also be argued that the term ‘domestic abuse’ somehow minimises the potential impact of such behaviours on victims. So, just as there is no universal definition of domestic violence, neither is there widespread agreement over what may be acceptable terminology. Most commonly used terms are, ‘domestic violence’, ‘domestic abuse’, ‘intimate partner violence’ (specifies more clearly the type of relationship within which violence and abuse can occur) or ‘violence against women and girls’ (VAWG – used by United Nations and other organisations, recognises gendered nature of crime and broader range of abuse e.g. female genital mutilation) (see Scott et.al., 2015; Walsh et.al., 2015; WHO, 2013 for more on definitions and terminology). It is not possible to have a thorough discussion here regarding the full range of definitions and terminology adopted in relation to domestic violence – it is a complex matter and the subject of considerable debate. However, it is useful to note

that each of the numerous organisations involved in the multi-agency response to domestic violence (e.g. support agencies, charities) are likely to offer a definition and adopt the terminology that fits best with their role and responsibilities. This can lead to problems in terms of delivering a multi-agency response based upon a ‘shared’ understanding of domestic violence and the impact on a diverse range of victims. It is perhaps useful to point out here that the author prefers to use the term ‘domestic violence’; however, Essex Police use the term ‘domestic abuse’ in most official documentation. Therefore, the term ‘domestic violence and abuse’ (DVA) will be used throughout the remainder of this thesis to ensure inclusiveness and to reflect the collaborative nature of the project.

All Government departments, including the police and the Crown Prosecution Service (CPS), are required to use the above Home Office definition to inform policies and action plans, yet there are considerable differences in their role and responsibilities in the response to DVA. The police are required to respond to *all* calls for help in relation to DVA and they are necessarily required to consider the full and complex range of behaviours as outlined in the definition provided. As suggested above, not all associated behaviours are considered illegal and there is no single criminal offence of ‘domestic violence and abuse’ (Hughes and Jenner,

2018). Regardless of whether there is evidence that an offence has been committed, the police must also consider safeguarding options and offer appropriate levels of protection for victims to prevent further harms (CoP, 2016). The Crown Prosecution Service (CPS), however, only deals with criminal offences and are concerned with the types of DVA that are more clearly defined as criminal acts or ‘incidents’ such as assault, sexual assault, rape, attempted murder and a range of other clearly defined offences. Importantly, the CPS, address DVA prosecutions within their ‘CPS Violence Against Women and Girls Strategy’ – “an overarching framework for crimes identified as being primarily committed, but not exclusively, by men, against women, within a context of power and control” (CPS, 2017:np). The CPS developed the Strategy in line with the wider HM Government Ending Violence Against Women and Girls Strategy (Home Office, 2016) which sets priorities for those responsible for responding to DVA at the national and local level. Despite the recognition of the gendered nature of crimes, individual policies within the CPS VAWG framework are ‘gender neutral’ and are applicable to all defendants and complainants (CPS, 2018), not just women. The police, frontline in the criminal justice response to DVA, set domestic abuse policies and action plans at the local force level, yet they largely fall short of emphasising the gendered nature of DVA through a focus on VAWG.

This brief discussion begins to reveal just some of the complexities involved in developing policies and action plans according to universally accepted definitions and terminology amongst key institutions and organisations that are required to work closely together (e.g. police and CPS) in investigating, prosecuting and preventing DVA. Furthermore, there is often a disconnect between policy and procedure – this is an issue that will be returned to throughout this thesis. At the operational level, criminal justice procedures are often bound up with the application of the law rather than relying on broader feminist informed definitions which reveal that domestic violence is a gendered problem involving patterns of controlling and coercive behaviour that cannot always be reduced to ‘incidents’. Despite the introduction of extended definitions, VAWG strategies and legislation to address the problem of DVA, there continues to be an incident-based approach to DVA within criminal justice institutions in England and Wales and across the globe. This focus on ‘incidents’ often fails to take account of the extent of the continuous violence and abuse experienced by DVA victims in their daily lives. Gender-neutral definitions also fail to take account of the extent of the violence and abuse experienced by women in particular. Whilst it is important to recognise and respond effectively to all victims of DVA, including men, the failure to fully recognise the gendered aspects of DVA in the Home Office definition, which is applicable to policing, does little

to encourage a genuine appreciation of the experiences of women who ask the police for help in relation to DVA. It seems to prioritise system requirements (police must respond to complaints of DVA from men and women), rather than being an accurate reflection of the issue whereby it is mainly male violence against women. This also perhaps limits the opportunity for the development of a police response which might more effectively consider the needs of women who ask for help in relation to DVA.

2.2 Measuring Domestic Violence

The difficulties in defining DVA also has an impact on attempts to measure its prevalence (Walby, 2005). As noted above, there is no single ‘domestic violence’ offence. Therefore, this can impact upon how and when incidents of DVA may be recorded in official statistics, e.g. police records and/or crime surveys. As suggested above, the criminal justice focus on ‘incidents’ is not always helpful, particularly if we are to accurately record the ongoing pattern of DVA experienced by victims. Cases which require a deeper understanding of the patterns of ongoing control and abuse experienced by some victims are not necessarily as easily divisible into discrete and separate events as may be the case with individual physical

acts of violence. Furthermore, police recorded crime statistics include only those cases that have come to the attention of the police.

In 2004, Walby and Allen estimated that in the UK it is only around a quarter of the worst cases of domestic violence that are reported to the police. More recently, Flatley (2016) estimated that only 21% of abuse is reported to the police. Underreporting is therefore an enduring problem which might impact upon the police response to DVA in terms of their capacity to target their responses to the needs of victims. An effective police response to DVA necessarily relies upon an understanding of victims' experiences. The most commonly given reason by victims for not reporting to the police is that they thought it was 'too trivial and not worth reporting' (Walby and Allen, 2004: 101). The issue of victims' reluctance to report DVA will be discussed further below. For now, it is important to highlight that this lack of knowledge regarding the scope of the problem can lead to problems with regards to how and where to target resources to more effectively prevent further incidents and protect victims from further harm (Day et.al., 2018).

Victim surveys are now considered to be important sources of information in relation to DVA as they reveal more about the experiences of victims and give us a more complete picture of the extent of the problem. In the

UK, the British Crime Survey (BCS), now renamed Crime Survey for England and Wales (CSEW), has been gathering data on victims' experiences of crime since 1982 through face-to-face interviews. The survey, conducted annually on around 50,000 households, asks people if they have experienced any crime in the past year (CSEW, 2015). Therefore, the data is interesting as it includes incidents which may not have come to the attention of the police. It should also be of note to police in their development of policy and practice and to target their resources most effectively.

It has been necessary to adapt data collection methods in interview-based surveys such as the CSEW to include self-completion sections (on laptops) to make respondents feel more at ease with questions of a sensitive nature, as it was noted that DVA was even under-reported in the face-to-face interviews (Walby et. al., 2015). Indeed, prevalence rates for DVA were found to be around five times higher in the self-completion module than they were in the face-to-face interviews (Walby and Allen, 2004). Interestingly, the definition of 'domestic violence' used in face-to-face interviews does not include non-physical abuse and threats; whereas the self-completion module is based on a more inclusive definition of 'domestic abuse' (Elkin, 2018a). This demonstrates that the seemingly

unresolvable issue of the inclusiveness of definitions also has a significant impact on the reporting and recording of domestic violence and ultimately the data used by researchers and governments to inform policy making. Despite some other methodological issues since its introduction, for example, the cap on reported incidents at 5 (leading to underestimates of victimisation), the CSEW is considered to provide the best data on DVA (Walby et. al., 2015). Following a recent consultation focused on improving estimates, the ONS report that they will make available uncapped data; however, they also highlight that there are still several related methodological issues which need to be resolved (ONS, 2017). Regardless of the shortcomings, all those concerned with the prevention of DVA and the protection of victims (police, prosecution authorities, policy makers, practitioners and academics) rely, to some extent, on these statistics to inform decision making and target resources.

In an attempt to improve the quality of available data, the Office for National Statistics (ONS) regularly combine police recorded statistics with CSEW data to allow for a more complete picture of a range of crimes across the England and Wales. In terms of designing crime prevention policies and interventions, such analyses allow for more effective targeting of resources. A key consideration for those responsible for responding to DVA is the rate of repeat victimisation; for the police this also has “the

potential to be an important performance measure” (Brimicombe, 2018: 2). The Office for National Statistics (Flatley, 2016: 20) admit that CSEW figures on repeat victimisation need to be interpreted with caution – in the year ending March 2015, 70% of respondents had not provided an answer to the question about how many times they had experienced DVA (selecting either ‘Don’t wish to answer’ or ‘Don’t know’ as a response). In 2014, the HMIC recommended the development of national data standards in relation to DVA data (HMIC, 2014a); this would involve the police providing data on DVA incidents, crime and repeat victimisation at individual force level (see also Brimicombe, 2018 for a discussion on repeat victimisation and police-recorded data). This provides an opportunity for police, at force level, to learn more about womens’ experiences of DVA and about their performance in relation to the prevention of DVA. The Office for National Statistics new annual publication, *Domestic Abuse in England and Wales* (Flatley, 2017) is also an example of the wider efforts being made to bring together the data for more thorough analysis of DVA and the response to it.

The above discussion has revealed just some of the disparity in tools designed to measure the prevalence of domestic violence and, despite ongoing attempts at improvements, we should be mindful that all domestic violence statistics should be carefully scrutinised. Putting the

abovementioned difficulties of measuring DVA aside, there are some significant consistencies in the available data. We know that the problem is widespread. According to the ONS, year ending March 2018, an estimated 2 million people aged 16 to 59 had experienced domestic abuse in the last year (Elkin, 2018b). Available data on the extent of DVA also reveals more about the gendered nature of the problem - it is consistently found that women are more likely to be the victims. In the 2008/9 BCS women were the victims in 77% of incidents of DVA (Walker et.al., 2009); in the 2015/16 CSEW women were the victims in 67% of incidents of DVA (Flatley, 2016). Women also show significantly higher prevalence for each of the categories of abuse; for example, 7% of female victims and 2% of male victims of partner abuse experience sexual assault (Flatley, 2016). As well as a widespread problem, domestic violence is also a concentrated one, with a minority of victims facing heavy and repeated abuse (Walby and Allen, 2004:31; Walby et al., 2015). The 2009/10 BCS report states that 76% of all domestic violence incidents were repeat victimisation (Flatley et. al. 2010:24). In the year ending March 2015, 30% of DVA victims reported that they had been victimised more than once in the previous 12 months – these victims attributed to 60% of DVA incidents estimated by the CSEW (Wright, 2016: 21). It was also found that women whose marital status was classified as ‘separated’ showed the highest prevalence of any DVA in the last year (19.8%) (Flatley, 2016),

demonstrating that leaving the relationship does not end the abuse for many women. This should be an important point of reflection for police, both in considering the increased risk to women who attempt to leave the relationship and in considering why they may be reluctant to do so.

Women's Aid (2015) report that on average 2 women a week in the UK are killed by their partners or ex-partners. Closer scrutiny of ONS data on domestic homicides also reveals the gendered nature of DVA. In England and Wales between April 2013 and March 2016 – “the majority of victims of domestic homicides were female (70%, or 319), with 30% of victims being male” (Flatley, 2017:19). Most female victims of domestic homicide were killed by a male (76% or 242 were killed by a male partner or ex-partner) – only 3% of female victims (11 females) were killed by a female (Flatley, 2017:18). Most male victims of domestic homicide (66%) were killed by another male (Flatley, 2017:19). The available data indicates that DVA is not ‘gender neutral’; therefore, the police should be aware of this and acknowledge it in the development and implementation of policy; and, importantly, practice should also reflect this. The following section will look at the importance of recognising the gendered nature of DVA and how this might impact on responses to DVA within the criminal justice system and beyond.

2.3 Domestic Violence and Abuse – A Gendered Problem

Through analyses of DVA statistics (summarised above), it is consistently shown that women are more likely than men to be victims of DVA. Therefore, no apologies will be made for focussing largely on women as victims in this research on the policing of DVA. Whilst there is a keenness to emphasise the gendered nature of DVA, there is no suggestion that women have a monopoly on suffering and harm (Davies, 2011). It is important to recognise that men can be DVA victims too. Just as DVA is underreported by women, we must also appreciate that statistics may not reveal the true extent of female-on-male DVA. This could be due to male victims experiencing feelings of embarrassment or because they feel their complaint may not be taken seriously by authorities (Buzawa et. al., 2012). However, recognising that men can also be victims of DVA does not, and should not, imply that they are likely to experience the same levels of risk, fear and vulnerability as women who experience DVA (Dobash and Dobash, 2004; Stark, 2009; Hester, 2009) – more research is required regarding DVA risk factors for male victims (Robinson and Rowlands, 2009).

As well as a gender patterning to the risk of DVA victimisation, there is also a gender patterning to the fear of victimisation (Davies, 2011). It is a far greater number of women that report frightening threats in victim surveys (Walby and Allen, 2004). It is important to recognise that women's fear of men is not irrational. Feminists have long argued that "women's engendered vulnerability to intimidating and violent male behaviour is due to their social position, not their biological position" (Stanko, 1985: 71). The fear expressed by women reflects "a recognition of their vulnerability *as women* to men's behaviour" (Stanko, 1985: 11; emphasis in original); it reflects the dangers that women face in their daily lives (Stanko, 1985). Kelly's (1988) notion of the 'continuum of sexual violence' also enables us to recognise the many forms "of abuse, intimidation, coercion, intrusion, threat and force" (p,76) that women experience in their lives. Such insights, based largely on analyses of women's voices, have been key in transforming understandings of violence against women and responses to the problem (Silvestri and Crowther-Dowey, 2016: 162). However, the available data on DVA, both statistics and women's personal accounts of DVA, demonstrate that women are still 'universally vulnerable' (Stanko, 2008; cited in Davies, 2011) and living in 'climates of unsafety' (Davies, 2011).

We know that “the context of fear is an important element in the understanding of domestic violence as a pattern of coercive control” (Walby and Allen, 2004:19). More recent conceptualizations of DVA have drawn criminal justice attention to the broader range of abusive behaviours (e.g. humiliation, degradation and isolation) that go beyond physical and psychological assault but make up a pattern of coercive control (Stark, 2009) that “violate[s] women’s personhood” (Silvestri and Crowther-Dowey, 2016: 160). Stark (2009) argues that coercive control “deprives women of autonomy, basic liberty, and equality” and he highlights “that a significant proportion of abusive men exact these consequences without assaulting their partners or long after violence has ceased” (Stark, 2009: 1511). Given the criminal justice focus on responding to specific ‘incidents’, much of this behaviour and the impact it has on victims is likely to be missed by police officers who lack understanding (Weiner, 2017).

Despite improvements in understandings of violence against women and responses to the problem, for example, s.76 of the Serious Crime Act 2015 made coercive or controlling behaviour a criminal offence, it is likely that the general lack of protection in relation to DVA also contributes to women’s feelings of fear. As Stanko states:

“In effect, women’s feelings of fear may relate to their tacit understanding of the likelihood of experiencing male violence and the lack of protection they receive from those around them, and in particular, from those in positions of authority to protect them from abusive situations” (Stanko, 2008; cited in Davies, 2011).

This, argues Davies (2011), should be seen as a ‘rational and active resistance’ to the threat from violence rather than a ‘passive and fatalistic form of submission’ to it (p, 119). Indeed, not all women want to be thought of as a ‘victim’ – it perhaps carries connotations of helplessness. In the interest of empowering women, the term ‘survivor’ is often preferred to ‘victim’, both in the DVA literature and in practice – ‘victim’ is used throughout this thesis to reflect the terminology used by police. As survivors or victims, women are considered to be fairly good at assessing their own risk at the hands of their abusers (Bowen, 2011) and where possible will engage in ‘precautionary strategies to protect their physical safety’ (Davies, 2011: 119; Stanko, 1985). As well as supporting themselves and their families, women are also found to be particularly active in helping others within the voluntary and mutual support networks; they are resourceful members of the community, particularly in times of disaster (Davies, 2011). Regardless of the terminology used or women’s apparent ability to ‘survive’ violence and abuse, they are still entitled to

protection from harm. They are entitled to a level of protection from police that recognises their experiences as victims, as survivors, or more importantly as women who have experienced male violence and abuse.

Claims that there is ‘gender symmetry’ in domestic violence have served to divert attention, as well as funding, away from specifically addressing violence against women. As Harne and Radford have suggested:

...while it has become fashionable in current ‘equality discourses’ to simply represent violence in Lesbian and Gay relationships as similar and occurring at the same rate as violence in heterosexual relationships, there is no credible evidence that this is the case. As with claims that women are equally violent as men in heterosexual relationships, such representations often serve to disguise the main occurrence of domestic violence as a ‘gendered problem’ (2008:17).

The increasing number of women being recorded and arrested as DVA perpetrators, both in the UK and in the US (Hester, 2009), may be considered to give some credibility to the suggestion that there is ‘gender symmetry’ in domestic violence. However, if we look closer at the situation, we can see that there are significant differences between male and female perpetrators which point back to the complex and multi-layered

nature of women's victimisation. For example, in Hester's (2009) research on gender and DVA perpetrators, looking at *'Who does what to whom?'*, it was found that 83% of the male perpetrators had at least two incidents (for one man it was 52 incidents in a six-year tracking period), while 62% of the women recorded as perpetrators had only one incident recorded (the highest number for any woman was 8). Also, if we go beyond counting instances of female-on-male domestic violence, we can see that the severity of injuries and the impact of violence on each group is different. Hester found that "men's violence tended to create a context of fear and related to that, control. This was not similarly the case where women were perpetrators" (Hester, 2009: 8). If we contextualise the violence from women towards male partners, we see that when it does occur, it often involves self-defence, or defence of another family member, within a relationship where women have been subjected to control and abuse over a sustained period of time (Dobash and Dobash 2004). Recognising the context within which female-to-male DVA occurs can and should significantly alter the way police think about responding to the problem. Given the lack of appropriate protection for women, the claims of gender symmetry in DVA and the increases in women being arrested in relation to DVA, it is equally important to remind ourselves of the context within which male violence towards women occurs.

There is no space here to offer a complete discussion on the complex and multi-layered nature of gendered violence and the concept of patriarchy – a term which is contested by feminists themselves (Kelly, 1988). However, given the focus of the project and the emphasis on police responses to female victims, it is important to highlight the extent to which male violence has been legitimised throughout history. The right of the husband to control and abuse his wife has been socially sanctioned since ancient times. Both ancient and modern societies have, to varying extents, “given the male patriarch of a family the right to use force against women and children under his control” (Buzawa et. al., 2012: 53). Even once some disdain towards ‘wife beating’ became obvious we can see that the husband’s right as the family patriarch to engage in violence in order to maintain family values was upheld. This is evident in ‘the rule of thumb’, a term in 18th century British Common Law, which allowed husbands to beat their wives with a stick that should be no thicker than his thumb (Melton, 2008; Buzawa et.al., 2012). Historically, both law and religion can be found, at varying degrees, to have supported the husband’s authority to rule over his wife (see Buzawa et. al., 2012). It is important to acknowledge the structural and historical antecedents that have served to reinforce women’s low status in society as well as providing the basis for tolerating domestic violence against women. Albeit only briefly covered here, it perhaps helps to provide some insight into how a society may be

predisposed to domestic violence and it may also provide insight into “why particular societal responses occur and why social and legal institutions have tacitly tolerated or at times even perpetuated domestic violence” (Buzawa et.al., 2012: 76). Such insights should be central to the design and implementation of policies and services concerned with the prevention of DVA. Thanks largely to feminist activism and research, ideas about gender and DVA have transformed somewhat over the last few decades. It has been a long road, and there is still some way to go, although many women can now expect greater levels of protection at the local, national and international level, from a range of organisations and institutions engaged in preventing DVA and the protection of victims. However, given current debates and controversies around ‘gender symmetry’ in DVA and ‘gender neutral’ services for victims it is worth noting that DVA is a ‘gendered crime’ (Neate and Poole, 2014). It is a gendered crime that has necessarily been placed firmly on the public agenda, hence, the prioritisation of DVA by police chiefs.

2.4 Responding to Domestic Violence and Abuse – From a Private Problem to a Public Issue

DVA has shifted from being a ‘personal problem’, for which little or no protection was available, to now being considered largely as a ‘public issue’ that *entitles* victims across the globe to protection from perpetrators.

As was alerted to above, violence against women within marriage, the family, and relationships has throughout history been ignored, condoned and even encouraged to varying degrees due to historical, political, economic, social and cultural influences that serve to maintain gendered power relations worldwide. As argued by Dobash et.al. (2000):

“Within marriage and the family, the use of physical force and violence has traditionally been a prerogative of men who were given authority over and granted the right to control all members of the household by a variety of means, including the use of force and violence....men were punished only when the violence was excessive, a flagrant outrage and /or a public nuisance’ (p, 189).

Drives toward reform have been fuelled by growing academic interest in the treatment of women within the criminal justice system, particularly in relation to the problem of DVA (Day et.al., 2018). Since the 1960’s-70’s, feminist criminology and victimology has gained significant ground in highlighting the crimes that disproportionately affect women and in bringing about vital legislative and policy developments in criminal justice systems across the globe in the areas of domestic violence, marital rape, acquaintance rape and stalking (Daly and Chesney-Lind, 1988; Britton, 2000; Flavin, 2001). It is important to note that the road towards

establishing a response to these problems has not been straightforward and the journey (that we are still travelling) has at times been painfully slow and uncomfortable. For example, it was not until 1991 in the UK that rape within marriage was criminalised. Again, thanks largely to feminist research and activism there has been a growing awareness of the serious impact of DVA on victims and families which has resulted in a range of policy and practice developments to address the problem (Harwin, 2006) which necessarily extend beyond the reach of the criminal justice system (Day et.al., 2018).

Women's organisations have been central to formulating a more targeted and coordinated response to DVA and to the prevention of DVA in the UK and the US for a number of years. 'Women's Refuge' and 'Rape Crisis' centres, for victims ('survivors' is the preferred terms for such organisations) of such crimes have grown out of the women's movement of the 1960s and 1970s (Zedner, 2002). Some of the earliest refuges (shelters) were simply bands of women coming together to support each other in their own homes. It was not until 1974 in the UK, with the establishment of the first national domestic violence organisation, the National Women's Aid Federation, that there was a more coordinated campaign to improve support for women who experience DVA. The sources of support that non-governmental agencies now provide for

women who experience DVA are wide and varied. Among the services offered are: National domestic violence telephone helplines offering advice on a range of related issues; emergency housing in shelters for women escaping an abusive partner; assistance and advice concerning women's legal rights in cases of domestic violence; counselling services; education/employment training; health advice; and a range of other resources dedicated to empowering women. As well as supporting victims, the impact of these efforts should not be underestimated in terms of the prevention of DVA. Women's support services have also consistently worked to fill the gaps in legal and protective service provision for those who are affected by domestic violence providing services and support such as a freephone helpline, domestic violence advocacy, safety planning and case management; they also often assist victims with relocation, emergency funds for housing and childcare, and funds for payment of legal fees.

NGO's are also extremely proactive in raising awareness of domestic violence through national and international media campaigns (television, radio and online). Using media/technology to highlight the problem of DVA in the UK is now commonplace. For example, an interactive digital billboard from Women's Aid which showed the bruised faces of female victims alongside the caption 'Look at Me'. As passers-by stop to look at

the women, the bruises gradually (magically) heal, highlighting that we can stop domestic violence if we stop turning a blind eye to the problem. Organisations also promote support services and increase awareness via online social media platforms (e.g. Facebook, Twitter). Given the number of users visiting these sites and engaging in online communities (e.g. Facebook.com report 1.45 billion daily active users on average for March 2018), there is great potential for reaching out to a wider audience and a wider range of diverse victims of DVA in the UK and across the globe. The police are also increasingly using media campaigns and social media platforms to gain support for their preventative strategies (Harms and Wade, 2017).

It is also largely thanks to the work of NGOs that we can see more efforts towards providing a more professional and integrated response to domestic violence from public institutions in the UK. It is now widely recognised that tackling domestic violence requires the cooperation of multiple agencies (CAADA now renamed Safe Lives, 2012). In the UK, NGOs (e.g. Women's Aid, Safe Lives, AVA – Against Violence and Abuse) now provide much of the specialist training and consultancy to a range of agencies, practitioners and policy makers involved with the prevention of domestic violence, the protection of victims, and with working with perpetrators. The NHS have worked closely with NGO's to establish and

develop resources, guidelines, policies and practice (see NICE guidance on domestic abuse QS116, 2016 and Department of Health and Social Care's, *Responding to Domestic Abuse: A Resource for Health Professionals*, 2017). This work continues to drive improvements in the response to DVA victims by equipping health professionals with the knowledge and skills they require to talk confidently about DVA with patients. For example, a great deal of work has been done to develop the practice of routine enquiry (routinely asking patients about DVA) within the NHS and particularly among GPs (Westmarland et al., 2004; Scott et.al., 2015; Department of Health, 2017). Where routine enquiry results in a disclosure, a skilled and knowledgeable health practitioner is better equipped to provide targeted support and/or referrals. "If survivors can be helped appropriately from the outset this will save not only the financial cost of many years of intensive service use, but the human cost of wasted years and lives lost" (Scott et.al., 2015: 9). As well as supporting victims, the NHS recognise they have a key role in identifying and assisting perpetrators to interrupt their abusive behaviour (Department of Health, 2017: 48). In the multi-agency approach to tackling DVA, the need to provide more support for men to change their abusive behaviours is a key area of concern for several organisations. The 'Respect Phoneline' in the UK helps to prevent domestic violence by working with abusers to reduce the risk (Respect, 2015). They provide information and support to

perpetrators to help them understand the effects of their abuse and offer referrals to domestic violence intervention programmes which aim to change the behaviour of men who use violence towards their partners or ex-partners. The abusive and violent behaviour of an intimate partner is deeply concerning to victims of DVA and it is often a key concern of women that, aside from legal and civil sanctions, their partners or ex-partners also get the help and support they need to stop (Kelly and Westmarland, 2015).

Despite the efforts of various women's rights campaigners throughout history, it was not until the 1970's that DVA really began to be brought out from behind closed doors and firmly placed in the public and political arena. In the last few decades we can see a significant shift in attitude towards violence against women at the international level which necessarily requires political attention at the national and local level. There are three key conventions which aim to address all forms of violence against women – the UN Convention to eliminate all forms of discrimination against women (CEDAW, 1979), the Organization of American States Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará, 1994) and the Council of Europe Convention on preventing and combating violence

against women and domestic violence (Istanbul Convention, 2011). Together, they make up a global human rights legal framework (COE, 2015) which has been instrumental in achieving greater levels of awareness in relation to domestic violence in the international arena; as well as encouraging member states to be more proactive in the prevention and punishment of violence against women. However, levels of commitment to legislative reform and willingness to adopt strategies which are found to be effective in preventing domestic violence and protecting victims varies among the relevant member countries. This is largely due to long-standing cultural influences that act as barriers to genuine social reform. For example, it could be argued that the particularly high rates of DVA in some Latin American countries (Bott et. al., 2012) and the failure to take complaints of DVA seriously is related to the machismo-oriented culture of the region (Boogaard van den, 2011; The Economist, 2013). So, despite a number of countries being signed up to the relevant conventions, we see national and local government arrangements are far from standardized in this respect. Therefore, depending on where they are in the world, many victims of DVA, particularly women, are likely to experience this change in attitude and move to action very differently (whilst there is a focus on violence against women, the treaties and conventions extend to all those who experience DVA, including men).

In Europe, the Istanbul Convention (2011), the first legally binding instrument to specifically target violence against women and domestic violence (COE, 2015), sets out minimum standards on prevention, protection and prosecution. Therefore, countries that ratify the treaty have an obligation to protect and support victims. “By accepting the Istanbul Convention, governments are obliged to change their laws, introduce practical measures and allocate resources to effectively prevent and combat violence against women and domestic violence” (COE, 2015). For example, as part of their commitment they will have to implement new policies to raise awareness that violence against women and girls is not to be tolerated; they will be required to establish specialist support services such as helplines, refuges, legal aid, and so on; and amongst other obligations, they must ensure that law enforcement agencies respond appropriately (Amnesty International, 2014; COE, 2015). Although it is early days (the treaty came into force in August 2014), it seems that this is a significant step towards reducing domestic violence across Europe; at the very least it should serve to improve the safety of thousands of women whom may not have previously had access to protection and support in their region. The treaty also promotes international co-operation in the prevention of domestic violence; to date (at the time of writing), 14 countries have ratified the convention and there is considerable pressure on those EU member states who have not yet done so to commit. In the

UK, the sixth report on Violence Against Women and Girls (Human Rights Joint Committee 2015) from the Human Rights Joint Committee warned that “the delay in ratifying the Istanbul Convention could harm the UK’s international reputation as a world leader in combating violence against women and girls” (p,62). The UK government’s reluctance to ratify the convention is a prime example of a government that seeks to demonstrate a commitment to tackling domestic violence, whilst failing to sufficiently invest in resources and bring the necessary policies and legislation into force to protect the rights of women. A consultation on proposals for a new Domestic Violence Bill has recently been initiated in the UK. A feature of the proposals is new and tougher legislation; however, it is not clear how this will improve the situation for victims without considerable financial investment in women’s support services (currently under threat from austerity measures).

It is clear that a great deal of work has been done since the 1970s to bring DVA out from behind closed doors and place the issue firmly on the public and political agenda. However, the work to build a more effective multi-agency response to DVA continues – as well as legislative developments, an effective response necessarily requires adequate funding, appropriate training for professionals, and a real commitment to drive cultural change. Central to the continued efforts to keep DVA on the public issue agenda,

to maintaining the focus on the gendered nature of DVA, and to improving the ways in which we measure and respond to the prevalence and harms of DVA, is the issue of risk. Furthermore, any work that is done to develop a more effective multi-agency response to DVA also requires a shared understanding of risk. Therefore, before moving on to a more focused discussion of ‘what police do’ and ‘what victims need’ in the context of a call for help in relation to DVA, the next chapter will consider the ways in which our awareness and understandings of risk, as well as our expectations that risk can be managed, within our everyday lives, within the criminal justice system and more specifically within the context of DVA, have developed.

3. RISK

Throughout this thesis numerous references to risk can be found – not only in terms of the risk of harm to DVA victims and their families, but also to the risk a perpetrator may pose. Risk is also referred to in terms of the techniques adopted by the police to assist them with identifying risk (risk assessment), as well as the strategies adopted by them to influence risk factors (risk management). Indeed, most, if not all, police actions (or inaction) following a call for help in relation to DVA are likely to be driven by calculations of risk levels from the outset. Risk is a complex phenomenon that has been thoroughly theorized elsewhere and there is no intention of revisiting the issue here in full. The intention here is to offer an analysis and discussion on our general understanding of risk and risk management in today's world and how this may relate to the criminal justice system, to women who experience domestic violence and more specifically to police responses to domestic violence. This provides some context and guidance for the analysis of the ways in which the police understand and apply risk in their response to DVA.

3.1 Risk and Society

Generally, as human beings, our most basic current understanding of risk is related to our exposure to harm, danger or loss (Oxford Dictionary Online, 2015); this could be to our finances, our property, our health and/or our general sense of safety and wellbeing. Inevitably, our ideas about risk alter over time. As society undergoes significant transformations (such as technological progress and globalisation) so do our ideas about the risk associated with such transformations. In today's late modern society, we commonly associate risk with instability and insecurity, as the likelihood we will be exposed to new and unknown harms, danger or losses is largely uncertain and unpredictable. At an individual level, most of us engage in some sort of risk assessment in our daily lives which inevitably has an impact on our decisions on how to act in a range of circumstances. Our ideas about risk are also likely to be affected by our age, gender, race and class. This is perhaps evident in the risks we take voluntarily in the pursuit of pleasure or just 'for the thrill of it', such as bungee jumping and sky diving (see Lyng 1990 on Edgework). As argued by Chan and Rigakos (2002: 757):

“The need to escape from the mundanity of life through the exercise of individual risk taking is an impulse most often associated with a lack of generalised risk susceptibility in everyday social relations. It is to be

expected that most sky-divers should be middle-classed white males”
(Chan and Rigakos, 2002: 757).

It is often the involuntary risks that are imposed upon us that generate more widespread concern which leads to public demands for action from the state; thus, risk then also becomes a highly politicized area of debate concerning probability, impact and consequence (Kemshall, 2003). For example, the negative, and largely incalculable and indiscriminate effects of environmental pollution and climate change are global concerns in today’s ‘risk society’ (Beck, 1992) – they are seen as risks that can be reduced only through political action and committed international cooperation.

Crime, albeit a public issue, may be considered as a more localised risk, particularly for those living in ‘high crime’ areas (Kemshall, 2003). Again, this is a highly politicized matter demonstrated by the huge emphasis placed upon crime policy (such as policies designed to tackle anti-social behaviour) in political election campaigns at the local and national level. Despite this, we know that there are limits to what the state can do in terms of reducing crime risks (Garland, 2001) and this has an impact on how we respond to the problem of crime. We may ourselves take steps to negate some of the risks associated with crime, indeed, we are increasingly

encouraged to do so, at both the community level and at the individual level (such as CCTV, Neighbourhood Watch; also see Garland's, 2001 discussion on responsabilisation). Increased security (such as locks, bolts, gates, alarms) may also offer us greater levels of protection against some crime risks. However, security measures such as these come at a price that not everyone can afford and not all communities will enjoy the levels of social cohesion and organisation required for schemes such as Neighbourhood Watch to have any positive effect. This highlights the class dimension in how we experience crime risk and how we may, or may not, be able to react to such risks. In considering the risk of becoming a victim of crime, one must also consider that that concept of risk is not always gender neutral. For example, women must face not only the increased risk of becoming a victim of sexual assault, but as seen in many rape cases, they also have the task of proving to prosecutors that they took proper precautions to avoid the risk of being sexually assaulted in the first place (Chan and Rigakos, 2000). As argued by Stanko (1997: 492), risk for women "is about misogyny and the continued perpetration of women's oppression through fear of crime and blame for their situation". That is not to say that women are at a greater risk of victimisation than men for all crime risks; the reverse is true for most victimisations (with rape and domestic violence being the main exceptions). However, "crime is

overwhelmingly a male activity” (Davies, 2011:20); therefore, men are more likely to be victimised by men.

Most of us recognise - regardless of our gender, age, class or race - that we are at risk of experiencing some form of personal misfortune in our lifetime, not all of which will be crime risks. Indeed, many of us take out insurance to protect us against the risk of losses to our property and assets, also to cover the cost of medical care should we be injured or become ill; again, this may be dependent on whether we can afford to do so, rather than our ability to recognise the (increased) risks we may face. Whilst we as individuals may be increasingly concerned with questioning the likelihood of experiencing personal misfortune and the impact it may have on our financial status, health and general wellbeing according to common sense ideas, the ever-expanding insurance industry has a far more ‘sophisticated’ and formalised approach towards calculating risk (Kemshall, 2003). For each proposal, insurance companies adopt actuarial techniques (based on aggregates and advanced statistical analysis) to make probabilistic calculations concerning future risk and to set the insurance premium rates. As alerted to above, not everyone can afford to take out insurance policies to cover against losses; in any case, an insurance payout does not always cover all risks and losses (such as sentimental items, emotional impact of illness/injury). Probabilistic calculations of risk do

not allow for any great level of consideration into individual personal circumstances, neither do they allow much room for assessors to use their professional judgement; therefore, a number of key issues which relate to risk and its consequences may be missed. Despite the drawbacks, the use of such techniques in modern times have served to make all manner of risks somehow knowable, calculable and predictable (Kemshall, 2003) to us all. It is this expert knowledge about risk that increasingly serves to guide the behaviour of individuals so as to reduce the risk to themselves, as well as providing guidance for the design and implementation of policies that aim to reduce the risk to populations at the local, national and international level. So, expert knowledge about risk has clearly gone way beyond making actuarial calculations to determine insurance premiums. Indeed, expert knowledge about risk has had an impact on all areas of our lives, from preventing injury and loss of life from household fires through the use of smoke alarms, to having a double mastectomy to reduce the risk of life-threatening breast cancer.

Given its power to drive human action, it is concerning that knowledge about risk is not always produced by 'experts', and even where it is, it may not be interpreted accurately in media reports and/or via social media platforms (such as Twitter). This is a crucial point, as the way knowledge

about risk is produced, interpreted and understood will inevitably have an impact upon our reactions to it. The media reporting of events in Paris (terrorist attacks November 2015), and the seemingly paranoid and xenophobic reactions from large sections of the public throughout Europe and beyond (as seen via social media sites), demonstrates that knowledge about risk does not always need to be produced by experts to generate widespread fear and resentment for an entire section of the population. Furthermore, it seems that complex issues such as terrorist activity and the migration of refugees towards Europe do not require any real scrutiny to generate significant support for responses (such as military action and the closing of borders) that carry potentially catastrophic consequences for innocent civilians and the international community as well as an increased risk of further terrorist activity. On this score, it would appear that the lessons of the past have not been learned. The long-awaited Chilcot Report (2016), following the inquiry into military action in Iraq and the aftermath, confirmed that warnings were given regarding the increased threat of Al Qaeda to the UK following its involvement in the invasion of Iraq. It also appears that there was a misrepresentation of intelligence (expert knowledge) concerning the threat posed by Saddam Hussein and his weapons of mass destruction in order to justify such action (Chilcott, 2016). This clearly demonstrates that expert knowledge about risk can either be ignored, or on the other hand, need not be reliable for it to be used

as a means to justify political action for which we are all likely to experience the consequences, in this case a perceived increase in the risk to the UK from terrorist groups.

So, even in this very brief discussion thus far, we can see that risk is a complex phenomenon. Risk means different things, to different people, at different times, in a range of circumstances. There are voluntary risks and involuntary risks (Kemshall, 2003). We can also see that measurements of risk often involve far more than the everyday judgements we as individuals make based on common-sense ideas. Expert knowledge increasingly informs us about risk and can sometimes provide a guide to action for reducing risk in our everyday lives. It is clear that it may only be necessary to make minor alterations to one's present arrangements for a considerable reduction in risk to be achieved (such as fitting a household smoke alarm); however, in some circumstances it may be necessary, or even desirable, to make major lifestyle changes (electing to have a double mastectomy) to achieve any significant reduction in risk. So, how we understand risk and the impact it has on our lives is significant in terms of deciding which course of action we will take in a range of circumstances. In some situations, we have little, or no choice in how we respond to certain risks as these decisions may be made on our behalf, and, as suggested above, may not always be in our best interests. Risk technologies have an

impact on all of our lives. It is important to remember that such technologies are based upon expert knowledge about risk which might reasonably be challenged on the grounds that it is based upon probabilistic calculations which often do not take individual lived experiences into account, thus neglecting the context of ‘risky’ situations and diversity within the population under scrutiny. As will be demonstrated, these are all issues that relate to considerations of risk within the criminal justice system and to domestic violence.

3.2 Risk Techniques in the Criminal Justice System and Beyond

A number of critical scholars have expressed their concerns regarding ideas about risk and security within the criminal justice system. As suggested by O’Malley (2008: 452), “criminology, like much social theory, primarily has regarded the emergence of risk techniques as a disaster”. For example, numerous concerns have been raised in relation to ‘actuarial justice’ (Feeley and Simon, 1992). As Feeley and Simon (1992) suggest:

“It seeks to sort and classify, to separate the less from the more dangerous, and to deploy control strategies rationally. The tools for this enterprise are ‘indicators’, prediction tables, population projections, and the like. In these methods, individualized diagnosis

and response is displaced by aggregate classification systems for purposes of surveillance, confinement and control” (Feeley and Simon, 1992: 452).

They see this as part of a shift from an old penology where the focus was to assign guilt and there was an emphasis on the criminal process and individual-based theories of punishment, towards a ‘new penology’ (Feeley and Simon, 1992:452) that:

“is markedly less concerned with responsibility, fault, moral sensibility, diagnosis, or intervention and treatment of the individual offender. Rather, it is concerned with techniques to identify, classify, and manage groupings sorted by dangerousness. The task is managerial, not transformative. It seeks to regulate levels of deviance, not intervene or respond to individual deviants or social malformations”.

Although this applies mainly to the process of managing dangerousness through incapacitation or ‘warehousing’, we can see that such methods of identification and classification according to risk have permeated across the criminal justice system and beyond. Many police officers, probation officers, social workers, health workers and NGO’s are required to conduct some form of standardised risk assessment for each new service user

(offenders and/or victims) they encounter. Asking intelligent questions about risk can help practitioners to understand more about what is going on in a person's life and what can be done to assist them with reducing that risk, that is, as far as resources and organisational procedures will allow. However, it is just as likely that risk assessments are driven by the collection of 'information and facts' which might be more closely associated with system requirements (Jacobsson, 2016: 165). In today's climate of budget cuts across most sectors we see that the classification of risk (offenders and victims) allows for the allocation of resources to where they are needed most to achieve greater levels of protection for victims and public safety. Naturally, it is the offenders and victims who are identified as high-risk that will receive greater levels of support and a wider range of interventions to help prevent further harms. Risk assessment tools and techniques also provide the basis for frameworks used in decision-making processes that require accountability, regardless of the fact that such methods provide "little substantive basis for distinguishing among offenders" (Feeley and Simon, 1992: 463). It is concerning that the establishment of risk profiles allows people and social phenomena, such as domestic violence victims and perpetrators, to be seen as risk objects; thus, rendering individual biographies and experiences less important in terms of risk assessment and risk management. The emphasis placed on regulating future behaviours almost removes the need to learn more about

or address past behaviours, even where this may give a more complete understanding of future risk. That said, not all risk assessment within the criminal justice system relies on “actuarialism’s power to predict” (McLaughlin and Muncie, 2006). In some situations, such as parole decisions and pre-sentencing reports, decisions are made based largely upon experts’ evaluation of individuals and their circumstances. As well as being informed by professional judgement and experience, these decisions are just as likely to be influenced by political and public perceptions of risk – this too can be problematic. For example, ideas about child sexual abuse are so gendered (perpetrators are male, and victims are female) that even professionals tend to minimise abusive behaviour and associated risk when the perpetrator is female (Turton, 2010).

Although standardised risk assessment tools and organisational decision-making frameworks so often adopted in bureaucratic institutions somewhat diminishes the capacity for individual practitioners to use their professional judgement in their response to risk, there remains considerable pressure on them as professionals to take the necessary actions to optimise public safety and prevent harms to victims (Fitzgibbon, 2008). This is particularly evident in the case of social workers in the field of child protection. In her research, Turton (2010: 280) noted the

“dilemmas” experienced by professionals working in this “highly-sensitive area” and stated that it was not surprising that professionals were concerned with not showing the child protection system “*in a bad light*”. As argued by Turton (2010), in cases of child death, such as Baby P, we see the “the focus of the media, and thereby public perception, invariably concentrates on blaming the child protection workers involved rather than the victimisation of the children or the behaviour of the abusers” (p, 281). It is the emphasis on the process of risk assessment which “opens the opportunity for blame” (Turton, 2010: 281); thus, social workers become scapegoats when measures to protect children fail. As stated by Beck (1992), “the risk society contains an inherent tendency to become a *scapegoat society*: suddenly it is not the hazards, but those who point them out that provoke the general uneasiness” (italics in the original, 1992:75; cited in Turton, 2010:281). So, even where it is desirable or indeed necessary for risk assessments and response decisions to be informed by professional judgement (Robinson and Howarth, 2012) as well as actuarial calculations it is not surprising that practitioners are reluctant to venture beyond what might be viewed as standard operational procedure within an organisation. Many are aware that there may be limited support from within the organisation for doing so (Turton, 2010). It is not difficult to see how this may be the case with police who are increasingly scrutinised

and held accountable for the decisions they make in relation to DVA risk assessment and risk management.

3.3 Risk and Domestic Violence (Practitioners and Police)

Given the above discussion it is no surprise that there is a standardised model for identifying, assessing and managing risk in relation to domestic violence in the UK. Following accreditation from ACPO in March 2009, the DASH Model (2009) has been adopted by all police services and some partner agencies across the UK. DASH stands for Domestic Abuse, Stalking and Honour based Violence. The DASH includes a number of screening questions which assist with identifying and assessing risk. The model was informed by multi-agency Domestic Homicide Reviews (DHR's) which were introduced by section 9 of the Domestic Violence, Crime and Victims Act 2004; they came into force in 2011 (CPS, 2019). A considerable amount of work has gone into developing the model, it is informed by the research on DHR's, and it is used widely by practitioners in the field. However, as the above discussion has already highlighted, there are a number of problems with adopting a standardised model for assessing and managing risk. This section will focus more closely on how such procedures may impact upon responses to domestic violence in particular.

It is helpful to begin with a useful summary on the risk assessment process for domestic violence as provided by Hoyle (2008: 326):

“Risk assessment processes in domestic violence cases are focused on the medium and long-term, as much as on responding effectively at the scene. They are based on the need to secure victims' safety, better manage potentially lethal situations, and to gather and make sensible use of intelligence. They are aimed at preventing serious injury and death by putting into place a risk management plan. The main purpose of risk management and assessment is to improve the protection and interventions for families who are experiencing domestic violence and to target those interventions on those cases that need them most because they present the highest risk”.

You will note that there is a clear emphasis on offering a level of protection to victims that is in line with the level of risk – the most protection will be offered to those who present the highest risk. Whilst the DASH assists practitioners with asking important questions to determine risk, it is the assigning of risk categories to individual cases that can lead to problems. As was alerted to above, risk categories such as high, medium and standard, often assist with the allocation of resources in a number of agencies. It makes sense that valuable resources are directed towards high-risk cases so as to work towards reducing that risk (Hoyle, 2008).

Problems can arise where risk categories are assigned with resources in mind; this can lead to victims being assigned to a lower category than if the formal risk assessment were not in place merely to prevent a “system overload” (Hoyle, 2008: 331). This is concerning given that there can be a significant difference between the level of service and protection victims receive depending on the level of risk assigned. So, women categorised as high-risk may be likely to receive a faster response from police (Radford and Gill, 2006) and more offers of protective measures (such as alarms and phones which link straight to the police and support with gaining protective orders through the court). Where does that leave women who are categorised as medium or standard? The allocation of resources according to risk categories can lead to a lack of provision for women who might equally benefit from protective measures but do not qualify for them because they are not deemed high-risk. Thus, risk assessment can also be deemed to be something of a “rationing device” (Radford and Gill, 2006) which renders some women more *in need* than others. Furthermore, risk is dynamic – circumstances may alter the risk levels in an instant. For example, if a woman living with an abusive partner has been deemed as being medium risk (so not ‘eligible’ for the full range of protective measures) then chooses to leave her partner, the abuse is likely to escalate immediately and she is likely to require the levels of protection offered only to those who have been categorised as high risk in order to remain

safe. All those involved with the process of risk assessment in relation to domestic violence need specialist training to understand the complexities of domestic violence and the meaning of assigning categories of risk (DASH, 2009; Brennan and Myhill, 2017).

Police officers receive DASH training within the probation training period and might also be expected, throughout their careers, to attend refresher training programmes which incorporate the use of DASH. Procedural requirements (at the national level) dictate that frontline officers should gather information from the victim using the DASH risk assessment form and record the victims' responses to the 27 questions (COP, 2016). The DASH risk assessment tool provides officers with a means of consistently asking intelligent questions about what might be going on in cases where DVA is occurring but it does not offer a failsafe method for applying the correct risk grading, nor a specific plan for responding to any/all identified risks. In cases where officers apply the DASH merely as a tick box exercise to fulfil procedural requirements it is not likely to be an effective risk assessment tool (Richards et.al., 2008).

The dynamics of DVA and the complexities around responding to the unique individual circumstances following each and every call for help are not amenable to standard operating procedures (SOP), that might, in other circumstances, reduce the likelihood of human error/poor judgement. As

with most frontline policing, responding to DVA necessarily requires officer discretion. We know that “the laws governing police practice are sufficiently permissive to give officers a wide range of discretion” (Reiner, 2012:117). The capacity for officers to use discretion must be underpinned by a good level of experience and knowledge around DVA if their ability to use discretion in such circumstances is to be usefully harnessed/encouraged.

“Nowhere has the question of police discretion been more hotly contested than in relation to domestic violence. Authors who studied police responses to domestic violence from the 1970s onwards (see, for example, Edwards, 1989; Kelly, 1999; Stanko, 1985) documented the problems posed by the interaction of police discretion and the uninformed, sexist attitudes of officers” (Myhill and Johnson, 2015:2).

Given the levels of discretion they can apply, it is important then to explore the issues that impact upon officers’ decision making in response to DVA. As suggested above, risk assessment necessarily involves gathering information from the victim about past incidents to ascertain the probability of further incidents and the potential seriousness of such an occurrence. Whether the victim provides the relevant information or not, the response officers have a number of decisions to make which are largely

focused upon risk. The officer/s consider the probability of further incidents occurring as well as the strategies they might adopt in terms of prevention/safeguarding. Additionally, they may also consider the consequences if further incidents do occur. The consequences may potentially be threefold in the mind of the attending officer/s – the consequences to the victim and their family/children? (potentially homicide); the consequences to themselves? (individual officers being blamed for making the wrong decisions); the consequences to the police service/dept? (judgements in HMIC performance reviews). The weighting of these issues in the mind of attending officers are likely to have an impact on their decision-making process and the response. In terms of strategies police officers might adopt to avoid such negative consequences, it is difficult to conclude as to what takes priority. These are issues that were considered throughout this research project. Indeed, continuous efforts have been made throughout the study to gain a clearer understanding of risk from the perspective of individual officers, the institution and victims. As highlighted throughout the thesis, the issue of risk is central to ‘what police do’ in response to a call for help in relation to DVA and to ‘what victims need’.

4. Policing Domestic Violence and Abuse – ‘What Police Do?’

The police, once not formally required to deal with abuse within intimate relationships, are now the frontline in responding to DVA. As outlined above, until the 1970s-1980s, DVA was largely considered a ‘private matter’ for which women across the globe could expect little or no support from criminal justice systems. Increased awareness of DVA and its impact on society, as well as international pressure to recognise DVA as a violation of women’s human rights, now increasingly requires governments to provide appropriate levels of support and protection for victims via the criminal justice system. So, as a ‘public issue’, women might now reasonably expect that the police will respond to calls for help in relation to DVA and that the police will be reasonably effective in offering protection from harm and preventing further incidents.

Stanko (2000) reported that the police receive a call for help in relation to DVA every minute. More recently, Her Majesty’s Inspectorate of the Constabulary (HMIC, 2014a) reported that the police receive an emergency call relating to DVA every thirty seconds. There were a total of 1,031,120 domestic abuse-related incidents and crimes recorded by the police in England and Wales in the year ending March 2016 (Wright, 2016) and 1,068,020 in the year ending March 2017 (Flatley, 2017). Responding to these calls, the prevention of serious harms, and the facilitation of safety,

for an increasing and diverse population of DVA victims presents a considerable challenge to the police. That police officers frequently attend incidents of DVA does not mean that they fully appreciate the dynamics of DVA in all intimate/family relationships. Equally, it should not be assumed that police officers know what levels of protection might be appropriate in a range of circumstances. Although, there is now more of a standardised approach within policing which goes some way to addressing these issues (see *Authorised Professional Practice on Domestic Abuse* from the College of Policing, 2016). In several countries, the police do now have tools and resources to assist them with identifying risk (*risk assessment forms/tools*) and strategies for influencing risk factors (*risk management plans/procedures*) (see Hart, 2008); each of which require proper evaluation to determine their effectiveness in terms of protecting victims and preventing further instances of DVA. In the UK, we can identify a number of broad initiatives within policing which have been introduced to better serve victims that call for help in relation to DVA. These include but are not limited to:

Specialist domestic violence units – almost every force has one although the available resources, number of staff and the level of expertise can vary. Generally, the units are made up of staff who have had some specialist training in domestic abuse.

A more systematic approach to identifying and assessing risk – the police and key partner agencies use a standardised risk assessment form called DASH. Although, the form does not represent a guaranteed method of predicting future harm, it has been informed by research to allow for intelligent questions to be asked about what is going on so that a more accurate identification of risk can be established (Richards et. al., 2008). Several partner agencies also use DASH risk assessments (promotes more of a shared understanding of DVA risk).

Multi-agency risk assessment conferences (MARACS) – the police meet with statutory and voluntary agencies to share information and to devise co-ordinated action plans to facilitate the safety of high-risk victims and other family members whom may be affected by the abuse in the relationship. The management of perpetrator behaviour is also considered within this setting (HMIC, 2014a).

Independent domestic violence advisors (IDVAs) – as suggested by the name, IDVAs are independent of any single agency. Working in partnership with other agencies, they provide individualised support for victims to ensure their safety and well-being through a range of services. IDVAs based in police stations have access to police systems and are on-hand to advise and assist officers with identifying victims at risk. Funding

for IDVAs is obtained through a number of sources (charities, police, local authorities); as such, provision varies across different regions.

As well as the broader developments mentioned above there are also a range of specific strategies/interventions that can now be adopted by the police in their response to DVA. For example, in 2014 there was the introduction of Domestic Violence Protection Notices and Domestic Violence Protection Orders across all 43 police forces in England and Wales. Under sections 24-33 of the Crime and Security Act 2010 the police may issue a Domestic Violence Protection Notice (emergency eviction and non-molestation notice) whereby the victim may have the opportunity to access relevant support. Within 48 hours an application is made by police (usually the force solicitor) to a magistrate's court for a Domestic Violence Protection Order (DVPO) which can prevent the perpetrator from returning home or contacting the victim for a period of up to 28 days.

“DVPOs are a civil order that fills a “gap” in providing protection to victims by enabling the police and magistrates’ courts to put in place protective measures in the immediate aftermath of a domestic violence incident where there is insufficient evidence to charge a

perpetrator and provide protection to a victim via bail conditions”
(HM Government, DVPO Guidance, 2016: 1).

We can see how the developments mentioned above may be viewed generally as positive in terms of improving the police response to DVA and the prevention of future harms. Indeed, the evaluation of the pilot of DVPOs (trialled across 3 separate police forces) in 2011/12 reported a reduction in DVA incidents (see Kelly et al., 2013) – these types of collaborative evaluations between Universities and the Home Office or police forces are now far more commonplace in assessing ‘what works’ in policing. It can be argued that ‘what works’ can *only* be established through an independent evaluation process that is based on evidence and offers academic rigour. In recent years, we have seen a significant shift towards establishing ‘what works’ through an emphasis on evidence-based policing, which essentially involves scientific evaluation of police practice (see Sherman, 2013). Significantly, “Evidence-based testing helps assure that police neither increase crime nor waste money” (Sherman, 2013:1). The professional body of policing, the College of Policing (COP) was established in 2012 – as a statutory body it is, independent of the Home Office, charged by government to review new research evidence on what works and recommend police practices. As host of the *What Works Centre for Crime Reduction*, one of the key functions of the COP is to collaborate

with Universities. As a result of these developments in policing, the knowledge base on the policing of DVA is expanding.

Recent evaluations of specific DVA strategies/interventions have reported some success in terms of prevention. For example, a randomized controlled trial of the Hampshire Constabulary Cautioning and Relationship Abuse (CARA) experiment looked at whether males cautioned for a low risk first domestic offence with a randomly assigned requirement to attend CARA workshops, led by experienced professionals, were less likely to commit further DVA offences than those who did not receive the intervention (see Strang et al., 2017). For those that attended the workshops it was found that 35% fewer men reoffended against their partner (Strang et al., 2017). Another randomized controlled study was conducted by a team of researchers at the University of Leicester to evaluate Project 360 whereby ‘engagement workers’ embedded within the police force make rapid contact (within 24 hours) with victims of DVA (see Koppensteiner et al., 2017). The engagement workers can inform victims on local support services and make referrals; they can assist victims with making statements to police and may also make follow-up face-to-face visits. The findings suggest that the intervention ‘works’ on a number of levels, including improved victim satisfaction with police services and an increased willingness to report future incidents. However,

it was found that “the intervention was not associated with a notable change in repeat offences over a one-year period” (Koppensteinger et al., 2017: v). Importantly, the impact on victims is recognised to be of key concern in the design and implementation of any DVA intervention. Measuring the impact of any new strategies/interventions on all kinds of victims is complex. The two evaluation studies mentioned above involved consultation with victims; however, closer scrutiny of the methodology reveals that there may be some issues with this. For example, in the Project 360 study the victim survey was conducted by the police force involved; therefore, it is reasonable to suggest that victims may have been reluctant to report dissatisfaction with the service. Furthermore, the research team from the University of Leicester involved in the evaluation of Project 360 were from the School of Business; whilst research skills are transferable, and their professionalism is not in question, it does perhaps raise some questions about relevant knowledge on violence against women.

In terms of evaluating DVA policing and interventions, we must also consider that what appears to work in one region and/or force may not work in another due to local economic, social and cultural differences. Just as what works for one victim, may not work for another for similar reasons. National roll out of a DVA intervention does not ensure consistency in

terms of application, or levels of effectiveness. For example, the issue of a DVPO does not require the consent of the victim but it is necessary for forces and individual police officers to support this type of strategy if it is to be applied effectively and consistently. Therefore, it is still necessary to review the ongoing ‘success’ of any interventions at local/force level.

Despite an increased interest in evidence-based policing among Chief Constables and Police and Crime Commissioners, it is still not easy for academics/researchers to gain access to local and/or national police data in order to assess the work that police do in responding to DVA. Notably, ‘pracademics’ (practitioner-academics), for example ex-police officers and/or serving police staff/officers, are well placed to conduct this kind of research; however, the extent to which this offers a truly independent insight into police practice is questionable due to their connection/s with the institution. In many instances, we must rely on reports from internal and government reviews (e.g. HMIC) at the national and individual force level to learn more about what and how police are doing in terms of their response to DVA. It is reasonable to argue that it is not appropriate to rely solely on internal performance reviews. It is also reasonable to argue that HMIC inspections, whereby all 43 police forces are assessed for effectiveness, efficiency and legitimacy, do not meet the methodological

standards of academic research (see Davis and Martin, 2008 for a broader discussion on the development and usefulness of public services inspections). Nevertheless, public service inspection reports are increasingly influential; graded judgements can trigger interventions where there is poor performance and they “can bring down the careers of...chief constables” (Davis and Martin, 2008:14). In terms of driving improvements in relation to the policing of DVA specifically, there has been limited progress. The HMIC conducted a thematic review of the policing of DVA in 2004 and again in 2014. In the 2014 report *‘Everyone’s Business: Improving Police Responses to Domestic Abuse’*, it was concluded that much had changed since 2004 but there were also “several issues raised in the 2004 report which still require action today by police forces” (HMIC, 2014a: 127).

It is not only professional inspectorates that have referred to the police response to DVA incidents in the UK as ‘inadequate’ (Richards et. al., 2008; Loftus, 2009; IPCC, 2013). Families of domestic homicide victims have voiced their concerns regarding failings within the police service and have been active in driving improvements. Past and present concerns from feminists, academics and NGOs regarding the policing of DVA in the UK range from officers viewing DVA incidents as ‘not real police work’, to an

enduring ideology “that divides women into ‘deserving’ and ‘underserving’ of police attention”, along with a “general lack of awareness and understanding of the power dynamics behind a woman’s need for assistance” (Hanmer et. al., 1989; 2013: 194). Sadly, Stanko’s (1985) argument, that “too many of women’s complaints about male violence never find themselves considered among the ranks of ‘real’ crime” (p, 121), remains relevant today. Understanding that DVA is a serious crime is the first, and perhaps most important, step towards preventing it. It is a vital aspect of the decision-making process, both for the officers who respond to a call for help and for those who ask for it. Despite the increased levels of awareness surrounding domestic violence and risk, both within the police, and in wider society, it is still extremely difficult for victims and their families to ask the police for help. As Stanley et. al. (2010: 21) argue,

“moving the private, family experience of abuse into the realm of the public is usually a major decision for those victims and children who make the call to the police” (Stanley et al., 2010: 21).

Therefore, it is vital they receive the appropriate levels of protection and support from the police from the outset, particularly if further incidents are to be prevented. An appropriate response necessarily involves an appreciation of women’s and children’s experiences of male violence in

their everyday lives (Stanko, 1985; Kelly, 1988; Dobash and Dobash, 2004; Stark, 2009; Davies, 2011), not just in response to a single ‘incident’ which, on its own, does not reflect the ongoing levels of risk and harm experienced by victims and their families.

The police in the UK have regularly faced scrutiny and criticism over their handling of DVA, suggesting that they are still far from effective at dealing with the problem on a number of levels. Aside from the question of the effectiveness of specific strategies and interventions, just a few of which have been outlined above, there are broader persistent issues within the policing of domestic violence which relate to officers having an incomplete understanding of the gendered aspect of domestic violence, to long-standing ideas about what might or might not be a police matter, and to the enduring dominance of a masculine ethos within police occupational culture (Loftus, 2009). Far from being just a UK problem, these issues are arguably likely to affect the policing of domestic violence in several countries (Loftus, 2009).

There are many texts which refer to the concept of ‘police culture’, ‘cop culture’, or ‘canteen culture’ (see Reiner, 2012; Loftus, 2009; Waddington, 1999). Each of them, to some extent, explore the ways in which the general aspects of police culture impacts upon the public and fellow officers. They

also look at how police culture may have changed in view of the transformations that policing has undergone in the last few decades. There is no universal definition of police culture. Given the range of themes highlighted by various authors in the field it may now be more appropriate to talk of police (sub)cultures (if there was the space to do so). However, for the purposes of this chapter, a general definition from Waddington (1999) will suffice:

“Police culture (or subculture) refers to the mix of informal prejudices, values, attitudes and working practices commonly found among the lower ranks of the police that influences the exercise of discretion. It also refers to the police’s solidarity, which may tolerate corruption and resist reform” (p, 203).

Since the 1960s, research into police culture has acknowledged the way that informal norms and values within the organization shape the everyday decisions and practices of police officers (Loftus, 2009). The ‘core characteristics’ of police culture, as described by Reiner (2012), are: an action-centered sense of mission, particularly towards the aspects of crime fighting that promise excitement; continuous suspicion of others largely based upon stereotypes; social isolation from the rest of society coupled with a strong sense of internal solidarity; political and moral conservatism; a masculine ethos which is tied up with old fashioned

machismo and sexism; racial prejudice; cynicism and pessimism. For the purposes of this study, there is a particular interest in those aspects of police culture which impact upon the way officers respond to DVA, namely the dominance of a masculine ethos and the sexism that exists within police culture (Reiner, 2012).

Given the transformations in policing since the 1960s, which might have served to weaken the cultural expressions of the police (Loftus, 2009), there is some debate regarding the continued relevance of what are now considered to be the 'cliché' characteristics described above. For example, police forces have seen a gradual increase in the recruitment of women, gay and lesbian, and minority ethnic officers in recent years - at the year ending March 2017, 6% of all officers were BME and 29% of all officers were female (Hargreaves et al., 2017:6). This is, to some degree, in response to the increasing number of formal critiques on police conduct and greater scrutiny of police practices and diversity at all levels (e.g. The Macpherson Report, 1999; and a 2012 report from the IPCC and ACPO on The Abuse of Police Powers to Perpetrate Sexual Violence). Whilst it is important to acknowledge some progress, it is also important not to overstate the extent to which these developments might have served to dilute the sexist and racist aspects of police culture.

The more formal and widespread recognition of ‘institutional racism’ within the police following the inquiry into the handling of the police investigation into the murder of Stephen Lawrence in 1993 and the publication of the findings of that enquiry in the Macpherson Report (1999) was significant in terms of bringing a range of issues relating to the policing of Black and minority ethnic individuals and communities to the fore. Indeed, Mcpherson’s (1999) report made 70 recommendations for improvements to the police service which covered a range of themes. Police leaders, naturally keen to demonstrate a willingness to improve in this area, began to implement a range of the recommendations; however in 2003, four years after Mcpherson (1999), a BBC documentary, *The Sleeping Policeman*, was aired, exposing racism among new recruits attending probationer training at a police training centre. The documentary gave an insight into an area of policing that is normally closed off from the public (and professional/academic) gaze; it revealed the extent to which racism continued to be a serious issue within the police. More formally, a House of Commons, Home Affairs Committee report (2009), examining the progress ten years on from the Mcpherson (1999) report, concluded that:

“The police have made tremendous strides in the service they provide to ethnic minority communities and in countering racism amongst its workforce. 67 of Macpherson’s 70 recommendations have been implemented fully or in part in the ten years since his report was published” (2009: 7).

Interestingly, the Home Affairs Committee report (2009) also expressed concern regarding the persistency of the disproportionate rates of stop and search among Black communities in particular and the failure to address discrimination *within* the workforce. It was noted (Home Affairs Committee, 2009), that in the preceding decade the police had failed to meet its target of employing 7% of its officers from ethnic minority communities and that there were continued concerns around the experiences of Black and minority ethnic officers having difficulty in achieving promotion and their increased likelihood of being subject to disciplinary procedures. So, despite some damning evidence of the kinds of problems that police leaders needed to address and despite the full and/or partial implementation of 67 out of 70 of Mcpherson’s (1999) recommendations, it seems that the problematic aspects of the organisational culture could not be addressed merely through the implementation of policy and/or improvements in practice and police training. Ten years on from Mcpherson, it was as evident then, as it is now

some 20yrs on, that more needs to be done to eradicate institutional racism. Clearly, the racist aspects of police culture continue to have an impact on Black and minority ethnic officers, individuals and communities. It is unsurprising then that the sexist aspects of police culture are also enduring.

Given the above discussion on the racist aspects of police culture, one might reasonably ask why there is no widely recognised definition of ‘institutional sexism’ to denote the discriminatory aspects of police culture which impact significantly upon women in the police in terms of career prospects and sexual harassment; also, as victims of crime who come into contact with the police (Reiner, 2012; Milne et.al., 2018). Indeed, Black and minority ethnic women may be impacted by both race and gender discrimination. As argued by Korn (1995), the term “‘institutional sexism’ is not frequently used... [and when it is] ...it is frequently undefined” (p, 89). She also raises concerns about our use of the term ‘institutional’ to denote forms of discrimination such as sexism, in that it “enhances our sense of powerlessness and separates us from any responsibility for this type of discrimination” (Korn, 1995: 86). Relatedly, the above discussion demonstrates that the formal definition and acknowledgement of the term ‘institutional racism’ within the context of policing has done little to eradicate the problem. It is not to say that there is little value in focussing

on the long-standing and embedded discriminatory aspects of police culture that might reasonably be framed as ‘institutional’, rather, it is also important to maintain a level of commitment to continue highlighting and working to address the discriminatory aspects of the culture as felt by the individuals who experience it today. Whilst this study does not represent a ‘full analysis of sexism’ within Essex Police, it was expected that expressions of gender associated occupational and cultural codes (Hunt, 1990) would form part of the analyses on ‘what police do’ and ‘what victims need’. As such, it was necessary to consider the issue of sexism within policing at the institutional level. The following discussion of sexual harassment and discrimination within the police and the abuse of police powers for a sexual purpose against those they come into contact with demonstrates the need for further reflection on the issue of ‘institutional sexism’ and the impact it has on all women, not least victims of DVA.

The role and experiences of women police officers in England and Wales did not really become the subject of academic scrutiny until the 1990s (Brown, 1998). In her study, exploring aspects of discriminatory treatment of women police officers in England and Wales, Brown (1998) points to a case of sex discrimination brought by Alison Howard in 1990 as being a catalyst to the previously ‘hidden’ issue. She draws attention to the

evidence of Howard in the tribunal and the allegations about “the so-called canteen culture of the force in which sexist and racist views and behaviour appear commonplace’ (Paddison 1992: 5; cited in Brown, 1998: 266) and the results of the subsequent 1992 HMIC inspection on the implementation of equal opportunities policies which “demonstrated blatant breaches of equal opportunities policies and a serious problem of sexual harassment” (Brown, 1998: 266). In the second HMIC evaluation of the implementation of equal opportunity policies in 1995 it was noted that ‘alongside praiseworthy examples of good practice there is also scepticism, tokenism and indifference’; furthermore, ‘there was evidence of continuing high levels of sexist and racist banter, perhaps more covert and subtle than before, but no less destructive’ (HMIC, 1996: 9 cited in Brown, 1998: 279). Again, despite acknowledgement of discrimination within policing and the development and implementation of policies to deal with the issues, the problems persisted in one form or another. As noted by one of the survey respondents in Brown’s (1998) study:

“The equal opportunities training given by my force made problems worse on my shift—those that were narrow minded and bigoted just treated it as a joke, or a day off work. Minority groups were still victimized. Police women were still called tarts or splits, and all juvenile or female prisoners were handed over to the shift police woman—she understands apparently!” (respondent, quoted in Brown, 1998: 273).

The problems of discrimination, gendered role allocation and sexual harassment faced by women in policing mentioned here are related to long-standing embedded issues. There was resistance to the integration of women into policing from the outset as noted by Hunt (1990) in the US and Brown (1998) in the UK. Hunt (1990) explored the 'logic of sexism among police' in the US, she notes that concerns regarding the attributes of female officers were not limited to rank and file officers. Hunt (1990) quotes the Police Commissioner who, "focussing on menstruation as the culprit" (p, 18), publicly expressed his concerns regarding female police officers:

"I believe they (policewomen) would be inclined to let their emotions all too frequently overrule their good judgement... there are periods in their life when they are psychologically unbalanced because of physical problems that are occurring within them" (Hunt, 1990:18).

For women who have sought to complain and/or expose these 'hidden' issues within a male-dominated environment the result can be the blocking of their own career advancement within the police (Brown, 1998). As noted by one of Brown's (1998) respondents,

"When I made a complaint of sexual harassment to a male colleague, I was made to feel that it was my fault by a [male] supervisor and since then

I am to be moved to a non-operational role” (respondent, quoted in Brown, 1998: 276).

There is little recent research on rates of sexual harassment within the police in the UK; this is despite a renewed level of interest in sexual harassment in the workplace generally and various studies from around the globe highlighting the prevalence of it in organisations, including the police (Brown et. al., 2017). However, there is evidence (largely from high-profile cases in the media) to suggest that there are still a range of issues that women face within policing which reflect the ongoing racist and sexist aspects of the culture. In 2016 the Equality and Human Rights Commission (EHRC) published its report on the investigation into unlawful harassment, discrimination and victimisation of Metropolitan Police Service (MPS) staff who made discrimination complaints. The ECHR (2016) review followed a high-profile employment tribunal case whereby the MPS was found to have unlawfully discriminated against a female ethnic minority officer, PC Carol Howard, and had further victimised her for complaining about the discrimination. The case and the findings of the ECHR (2016) review cover a range of issues which are concerning. In its executive summary the ECHR note:

“There is an expectation widely held by staff and officers that victimisation will follow a complaint of discrimination. This prevents

people from making complaints about discrimination and it limits the MPS's ability to tackle discrimination” (ECHR, 2016: 6).

Brown et. al. (2017) also noted that “there remains an apparent unwillingness to report incidences of sexual harassment, and a belief by a considerable majority that procedures are ineffectual” (2017: 371). In an online survey in 2016, as part of a joint London School of Economics and UNISON study, 1,1776 police support staff reported being pressurised into having sex with colleagues (4%); being told that sexual favours could result in preferential treatment (8%); that they had received a sexually explicit email or text from a colleague (19%) and almost half had heard sexualised jokes being repeatedly told at work (49%) (UNISON/LSE, 2018). The LSE researchers found that “the more serious the behaviour, the less likely police staff were to challenge it” (UNISON/LSE, 2018: n.p.). When asked about why they would not complain, 39% said it was easier to keep quiet; 37% thought nothing would be done if they did speak out; 34% were not confident it would be kept confidential and 31% said that they would not be taken seriously (UNISON/LSE, 2018: n.p). That this type of behaviour is prevalent within the police is concerning. It is even more concerning that this behaviour would largely go unchallenged due to a lack of confidence among police officers and police staff that it would be taken seriously and dealt with appropriately by the organisation

if they did speak out. Given this, it is reasonable to argue that, whilst the issues may be on the agenda somewhere, the prevalence of discrimination and sexual harassment within policing remains something of a ‘hidden’ issue.

Another issue placed on the agenda in recent years is the abuse of police powers, for a sexual purpose, against those who come into contact with the police. In 2012, in a joint report from the Independent Police Complaints Commission (IPCC) and the Association of Chief Police officers (ACPO) it was stated that “It is not possible to know precisely how many people have been victims of police officers or staff abusing their powers” and that they “cannot be confident that all cases are reported” (IPCC, 2012: II). Given the above discussion it would not be unrealistic to expect that there is a lack of reporting on this type of abuse and that, much like the sexual harassment of police officers and staff, it is largely ‘hidden’. The report was declared as “a first step in understanding the scale and nature of the problem and setting out the way forward” (IPCC, 2012: iii); it listed six selected case studies covering the types and extent of abuses of police power to perpetrate sexual violence and abuse. It may have been ‘a first step in understanding’, yet the case studies reveal that the abuses of power to perpetrate sexual violence and abuse were very serious but nothing new;

some of the cases highlighted within the report were investigated from 2008 onwards and the abuses had taken place over a number of years, sometimes with the knowledge of fellow officers (IPCC,2012). A later PEEL inspection by the HMICFRS (2019) revealed more about the scope of the problem. From April 2016 to March 2017 the Independent Office for Police Conduct (IOPC) received 100 referrals for the category relating to abuse of position for a sexual purpose; 172 referrals from April 2017 to March 2018 and 143 from April 2018 to March 2019 (HMICFRS, 2019). They state that “these figures are much greater than those from before 2016” and claim that this is in part due to changes in legislation clarifying the criteria for mandatory referral to the IOPC and the work that the IOPC has done with forces (HMICFRS, 2019: 6).

The National Police Chiefs Council defines abuse of position for a sexual purpose as:

“Any behaviour by a police officer or police staff member, whether on or off duty, that takes advantage of their position as a member of the police service to misuse their position, authority or powers in order to pursue a sexual or improper emotional relationship with any member of the public (NPCC, 2017; cited in HMICFRS, 2019: 5).

They further state that the abuse of position for a sexual purpose is “abhorrent” and that it should always be treated as “serious corruption...regardless of whether criminal charges ensue” (HMICFRS, 2019: 6). It is noted that the “offenders are mostly men and the victims are mostly women” and the abuse includes sexual intercourse, sexual touching/contact, requesting sexual favours and sexually inappropriate communications (HMICFRS, 2019: 6). The case studies included in the 2012 IPCC report include, but are not limited to, rape, making and possession of indecent images of children, relationships with women in a vulnerable position while on duty and misuse of computer systems to search for and target individuals who may be vulnerable to abuse. In the 2016 PEEL: Police Legitimacy report, which gave details of a data gathering exercise to assess the extent of this type of corruption, it was stated that:

“All but one force had at least one case during this period [24 months to March 2016], and our data collection found that over a third (39 percent) of the allegations of abuse of authority for sexual gain involved victims of domestic abuse” (HMIC, 2017a: 33).

Whilst it may be an “aggravating factor”, vulnerability need not be present for this type of abuse to take place; “victims of this kind of corruption often do not see themselves as victims or indeed vulnerable”, however, it is the

imbalance of power that creates the context where this type of abuse and exploitation can take place (HMICFRS, 2019: 7). This imbalance of power can also be linked to the underreporting of such abuse. As the voices of victims included in the HMICFRS (2019) clearly state:

“Police officers have got immense power. You know, they can change your life in an instant, by what they believe and what they don’t believe about you. And he made me believe ... because of who he was, he impressed upon me that I was a willing party and that I was complicit (victim cited in HMICFRS, 2019: 7).

“This officer had been turning up at my house. He tried to force himself on me, in uniform. I was scared I wasn’t going to be believed” (victim cited in HMICFRS, 2019: 8).

Both the reports highlighted above (IPCC, 2012 & HMICFRS, 2019), as well as the NPCC (2017) *“National Strategy to address the issue of police officers and staff who abuse their position for a sexual purpose”* refer to the work that is taking place and/or needs to be done to tackle the abuse of police powers for a sexual purpose. Nevertheless, the imbalance of power, as expressed by the victims above, shall remain. Whilst improvements may have been made in terms of awareness, prevention, intelligence, training and enforcement, it remains to be seen whether it is possible for this type of abuse to be eradicated – this has not been the case in other

forms of discrimination outlined above. It is through calls to domestic disturbances that police officers frequently face women as victims and it is within this context that we can see the endurance of the everyday sexist, discriminatory aspects of police culture which can serve to further victimise women who ask for help in such circumstances.

In an excellent ethnographic investigation of contemporary police culture by Loftus (2009) it was found that “police responses to domestic violence incidents continue to be informed by masculine sentiments” (p, 130). This is despite several local and national developments to improve the service for victims. Loftus (2009) found that: “In line with earlier works, officers held stereotypical assumptions about conventional gender roles, behaviour and family ideologies when attending these incidents” (p,130). She found some officers were reluctant to intervene in ‘private’ family affairs and in one incident she reveals how officers showed sympathy towards a man whom had been abusive to his wife after he had learned she was having an affair (Loftus, 2009). Such incidents are often considered to be less than worthy of police intervention. Indeed, domestic ‘disputes’ have been “traditionally regarded as ‘rubbish’ by many police officers” (Reiner, 2012: 124). Loftus’ (2009) observations revealed that “During patrols many loathed being dispatched to a domestic violence incident, and it was

also common for some officers to simply ignore requests from the ACR inviting any available patrol to attend one” (Loftus, 2009: 129). Responding to domestic disputes does not exactly fit with the action-centred sense of mission and the excitement of crime fighting that is associated with police culture (Reiner, 2012). The initial response, which can involve many officers turning up at the scene for an emergency call, may offer the prospect of facing an angry perpetrator. However, the time-consuming activity of completing risk assessment forms and establishing safety plans can be somewhat perplexing to officers and offers very little in the way of ‘excitement’. Risk assessment forms (DASH, 2009) contain several questions about the nature of the victims’ relationship with the perpetrator (including sexual abuse) and officers may feel a sense of intrusion when asking women such personal questions. Police officers are also often found to be frustrated with women who later withdraw their initial complaint (Loftus, 2009); this in itself suggests that there is still a general lack of understanding among officers regarding the nature of abuse, the risk factors within intimate relationships (discussed further below) and the reasons why a woman may not be willing to pursue her original complaint.

The study by Loftus (2009) reveals that, despite significant transformations within the service (e.g. standardised risk assessment/management tools and resources; authorised professional practice frameworks), there are still aspects of police culture which are extremely resistant to change. The dominance of a masculine ethos within the service and the sexist beliefs and behaviour of some officers continues to affect the police response to DVA. Police officers are continuously found to lack sensitivity in dealing with women who call for help in relation to DVA and they often fail to take such incidents seriously. As Loftus (2009) argues, “police have routinely avoided arresting the usually male perpetrators” (p, 128). Attempts to drive change in the policing of DVA are not always successful for several reasons. For example, officers “tendency not to treat domestic violence seriously has generated reform attempts such as mandatory arrest policies in many countries” (Reiner, 2012:124).

‘Mandatory arrest’ policies are an example of a law-centred approach to domestic violence which has been implemented to reflect the seriousness of the problem and direct officers to act under such circumstances. However, making arrests in domestic violence incidents might be viewed as an officers’ response to procedural requirements (following orders), rather than them taking the problem seriously. Loftus (2009) found that

DVA arrests were sometimes more about officers ‘covering their arse’ than they were about protecting vulnerable victims from further harms. In this sense, the policies are doing very little to address the underlying problem of officers not taking domestic violence incidents seriously. There may also be other unintended consequences to such policies. In the US, we see that the mandatory arrest approach resulted in an unanticipated rise in the female share of domestic violence arrests (Chesney-Lind, 2006). Thus, giving some credibility to notions of gender symmetry in domestic violence. However, Susan Miller’s (2005) research reveals something more about what some see as this closing of the gender gap on violence. In her study, police did not feel that women’s use of violence had increased; rather they saw that the legislation had created a game of ‘get to the phone first’ (Miller, 2005: 127). Chesney-Lind (2006) suggests that this is a reflection of “male batterers’ increased skill in deploying the criminal justice system to further intimidate and control their wives” (p, 16). So, we can see how policies aimed at preventing DVA and taking the problem more seriously can also serve to further victimize women and criminalise them for fighting back.

In any review of DVA policing it is important to consider how the enduring aspects of police culture may negatively affect the police response to DVA. There is it seems sufficient evidence to suggest that police culture can

shape practice. This can be problematic, given that “The laws governing police practice are sufficiently permissive to give officers a wide range of discretion” (Reiner, 2012:117). Discretion may indeed be useful where officers have a more complete understanding of coercion and control and the complexities of abuse within intimate/family relationships; however, this is often not the case (Myhill and Johnson, 2015). Even where policies direct police practice (e.g. mandatory arrest), we can see that there are unintended consequences for women and that very little is achieved by way of improving police understandings of the complexities of DVA and women’s victimisation.

As well as acknowledging the aspects of police culture which may negatively affect officers’ response to the problem, we must also acknowledge the disparity between ‘what police officers say’ and ‘what police officers do’. Officers may express negative views in relation to DVA incidents and towards the women that ask for help in such circumstances and this may indeed be a reflection of their ‘macho’ culture and sexist beliefs; however, this does not always reflect how they deal with such incidents in practice. Waddington (1999), in his more appreciative account of police culture, highlights the discrepancy between ‘canteen talk’ and ‘police action’. Whilst Waddington (1999) agrees that the core characteristics of police culture are ‘recognizably the same’ in several

countries across the globe and that there is a remarkable continuity in police culture, he is critical of the view that police culture is a guide to police action. He points to the field of social psychology which has gained significant ground in highlighting the difference between talk and action, and to several studies that have observed the difference between police attitudes and police behaviour. Despite highlighting several problems in the police response to domestic violence, Loftus (2009) also noted the “disparity between police talk and conduct” (p, 139). She found that: “Most officers made negative remarks upon being dispatched to domestic violence incidents but were “generally sympathetic and professional in their treatment of victims” (Loftus, 2009: 137). Therefore, we must appreciate that the extent to which police culture influences police action is questionable. Albeit unacceptable, the ‘macho’ behaviour and sexist ‘Canteen talk’ may just be a way of letting off steam, a way of coping with the pressures that officers face within their roles on a daily basis (Waddington, 1999). If we consider that negative police attitudes may not be ‘genuine statements of belief’ (Reiner, 2012: 115), and that they do not extend beyond the confines of the canteen or interviews with keen researchers, then we should also consider that such attitudes may not go as far as to determine officers’ behaviour when responding to calls for help from victims of domestic violence. And, as Reiner (2012) goes on to suggest, even if such beliefs “are genuine and deeply held, there may be

constraints against them being acted out” (p, 115). For example, where mandatory arrest policies apply in domestic violence incidents, there may be sanctions for officers who use their discretion not to arrest a perpetrator.

The link between police talk and police action is clearly far from straightforward. As such, considerable care should be taken when offering an interpretation of the attitudes of officers as a way of explaining their behaviour in given situations. Equally, we should not assume that the attitudes and beliefs of officers “bear *no* relation to their practices” (Reiner, 2012: 115). It is worth reminding ourselves that police officers are after all ‘citizens in uniform’ – they will inevitably express both negative and positive attitudes towards a range of circumstances. As argued by Reiner (2012), “police culture is neither monolithic nor unchanging” (p,137). The attitudes and beliefs of individual officers are inevitably tied up with their own unique personalities, histories and biographies, as well as with a recognised form of occupational culture which can also differ across time and space. Furthermore, in relation to the sexist behaviour of police officers being an expression of the macho culture, Waddington (1999) highlights that “sexism is not restricted to the police by any means” and that they are “probably influenced mainly by patriarchal beliefs embedded in the wider culture” (p, 291). In other words, we should not look to

explain sexism within the police as a distinctive feature of their occupational culture. If we consider that “police culture and its variations are reflections of the power structures of the societies policed” (Reiner, 2012: 137), then we must also consider that policies and reforms aimed at individual officers and/or local police forces, such as improved DVA training packages and the recruitment of more female officers, are unlikely to be wholly effective, either in dealing with the negative attitudes of police officers or in the prevention of domestic violence. We might justifiably condemn some police officers for their ‘macho’, sexist beliefs and behaviour because it can reinforce and reproduce structural inequalities. However, we must also acknowledge that the police are somewhat limited as to the impact they can have on a major societal problem such as DVA.

More broadly, we can see that considerable emphasis has been placed on establishing a more robust legal framework in relation to domestic violence in England and Wales. The extent to which legislative developments drive cultural change in society or in policing is debatable. Nevertheless, the police, as part of a strengthened criminal justice response, might be viewed as more effective at responding to DVA than they once were (Weiner, 2017). However, it is important to remember that the initial response from individual officers to victims of DVA is central

to the goal of prevention. Further incidents of DVA are unlikely to come to the attention of the police if the victim feels their complaint will not be dealt with seriously and with sensitivity. Despite the improved levels of international co-operation in the field of DVA and attempts to improve and standardise services at the national and local level, we can expect that the police response will vary according to the specific economic, social, cultural and political conditions of a particular region. It is unlikely that any meaningful reduction in incidents of domestic violence can be achieved solely through the criminalisation of abusive behaviour and the punishment of perpetrators, regardless of the economic, social, cultural and political landscape. A major societal problem requires a major societal response. The most effective means of preventing DVA is necessarily a well-funded and well-resourced multi-agency casework approach that involves various sections of the criminal justice system coordinating their activities with external agencies and the women's sector to bring about more permanent social and cultural change. As such, the prevention of domestic violence requires a genuinely collaborative response between criminal justice agencies and community-based services such as refuges, IDVAs, charities, social services, health services and local businesses; whereby a shared understanding of risk might also be established. The inadequacies of the police in dealing with such a widespread multi-dimensional social problem such as DVA is to some extent a consequence

of somewhat restrictive legal frameworks that tend to deal primarily with specific incidents. Therefore, it is necessary to consider ways in which the police might adapt to a more integrated casework approach towards supporting victims (including children and families) *and* rehabilitating perpetrators. Research suggests that many male perpetrators will go on to be abusive within future intimate relationships (Melton, 2008). Therefore, as well as improving support for victims, we must also acknowledge the need to provide help and support for perpetrators to stop their offending behaviour in the long-term. As the frontline in the response to domestic violence the police are well positioned to refer both victims and perpetrators to a number of sources of support; thus, combining law enforcement with more appropriate and better targeted multi-agency service provision. For this to be effective police officers must have the relevant knowledge and training to assist them with identifying the complexities of gendered abuse within intimate/family relationships and the risk to victims. It is now noted (Hague and Mullender, 2006), that in order to develop their knowledge and a more effective, top-down as well as bottom-up, response to DVA, the police must listen to and understand the experiences and needs of victims.

5.The Voice of the Victim – ‘What Victims Need?’

“Women who have experienced violence have traditionally been silenced throughout the millennia. But now it appears that they are beginning to be heard in a world-wide endeavour to bring their cause to the fore” (Hague and Mullender, 2006: 192).

For decades, the women’s movement have inspired a number of domestic violence campaigns and projects, seeking to bring the very real and lived experiences of women whom have been abused to the forefront in terms of the design and delivery of support services. As suggested above, women who have had experience of domestic violence have been central to the shelter and support network; ensuring that services are “sensitive to abused women’s expressed needs and wishes” (Hague and Mullender, 2006: 572). Throughout this study there was a focus upon the ‘expressed needs and wishes’ of DVA victims; both in the context of this literature review of qualitative studies that incorporated the voices of victims, and in the analyses of police files and practice.

Due to widespread reforms and policy developments we can see that services and support for abused women are indeed more widely available internationally. But are the women who rely on these services receiving an appropriate response from police? And how important is it that police

services are fully informed by the voices of women who have experienced DV? Firstly, it would seem that not enough is being done by the police to involve or consult the women who directly experience DVA. According to Hague and Mullender (2006), “most domestic violence projects and interagency forums do not involve abused women directly...and none of the police domestic violence units [in their study] consulted their users, except informally” (p, 572).

The design and development of DVA policy and strategies necessarily requires the input of those women who ask the police for help in relation to DVA. In terms of risk assessment and risk management there is much to learn from listening to the voices of victims who experience DVA in their daily lives. Within this study, the analyses and subsequent recommendations for the implementation of strategies and the development of policies to tackle the problem of DVA in Essex, was informed by the findings of an exploration into ‘what victims need’, precisely because of the value of their insight in terms of establishing ‘what works’ in relation to responding to DVA. As Hague and Mullender (2006) argue:

“In general, the participation of abused women can be very significant for policy development, especially because individual accounts may highlight

issues – including safety, fear, danger and confidentiality – that professionals may underemphasize” (p,577).

Individual accounts of DVA victims are not often considered within the context of ‘what works’ research – many of these studies are based on statistical and/or experimental measures which focus on ‘outcomes’. They don’t always take into account the lived experience of the people who are directly impacted by policy developments and/or interventions. Due to the lack of direct consultation with DVA victims, it is also not often clear whether the ‘outcomes’ or perceived ‘effectiveness’ of policy developments are based more upon system requirements rather than ‘what victims need’. For example, female victims are found to be fairly successful at assessing their own risk of harm at the hands of their abusers (Bowen, 2011); as such, their testimony in relation to how they assess their own risk and their appraisal of how the police respond to them in times of crisis is crucial to understanding how improvements may be made to meet their needs and ensure their safety. There is evidence to suggest that practitioners from outside support agencies consider a wider range of factors than the police in assessing risk for DV victims; for example IDVAs pay more careful attention to victims’ appraisals of their situation (Robinson and Howarth, 2012). Listening to victims can serve to improve

the understanding of the range of factors associated with predicting risk; it can improve officers understanding of a range of complex situations; and can serve to inform officers' decisions regarding the necessary levels of protection to be offered. In this context, it is less about surveying victims regarding the response received and more about getting police officers to listen more to victims.

The importance of listening to the victim was highlighted in the IPCC investigation into the case of Jeanette Goodwin, whom was stabbed to death by her ex-partner in Essex on 24th July 2011. "Her repeated assertion that she was "scared" was a vitally important fact" (IPCC, 2012: 50) – a fact that was not recorded in the call log at the point of her initial call for help to Essex Police. There is no telling if the police response and the outcome would have been different had Mrs Goodwin's concerns for her safety been recorded in the initial call log; however, as was stated by the IPCC (2012), "this could not have failed to impact the perception of the seriousness of the incident for each subsequent person who handled the log" (p, 50). It is clear, however, that victims' own assessments of risk and their experiences of the police response to their calls for help are of considerable value to those who wish to improve the service and the levels of protection offered to victims. The empowerment of women who experience DVA is key to the prevention of further harms – it is therefore

essential they are given the opportunity to express ‘what victims need’, both within the context of a police response to a call for help, and in the broader context of the design and development of policy and practice more generally. The following section is a literature review that brings together qualitative research evidence which includes the voices of women who have experienced DVA and have something to say about the police response.

Reviewing the literature on ‘what victims need?’

It is recognised that any changes to DVA policy and practice should be informed by research evidence which includes the voices of victims (STADV, 2002). The original qualitative research studies included in this chapter were gathered as a means of better understanding the needs of a diverse range of victims, as a driver for positive change within policing and a desire to empower women.

In the Standing Together Against Domestic Violence (2002) *Survivors Speak* report on their consultation with survivors of domestic violence they highlight the importance of listening to survivors and argue that there had not been very much reported consultation with women survivors in the UK that had been used to directly affect change in policy and practice across

key agencies and criminal justice processes (STADV, 2002:1). This was also echoed by Hague and Mullender (2006) some 4 years later –

“it is clear that much of the mainstream response to domestic violence in this country has focused on policy development and has not necessarily been marked by involving or consulting women who have experienced abuse directly” (p, 572).

In support of this viewpoint, the original research design for this project included plans to interview DVA victims. However, it soon became clear that it would only be possible to involve a small sample of women who would not be representative of the local population. Rather than base the analyses of what victims need on such a small sample of women, it was decided that a review of existing research literature involving a larger number and more diverse range of DVA victims’ views of the police would be more appropriate.

The studies included within this chapter span over two decades. Therefore, it is important to mention here that the policing of DVA has developed significantly in this time, in Essex and beyond. In the last decade, there has been several developments in the policing of DVA at a national level, some of which have been highlighted in previous sections of this thesis. For example, the introduction of a standardised risk assessment tool

(DASH), Domestic Violence Protection Orders (DVPOs¹), Claire's Law² (Disclosure Scheme) and the involvement of Independent Domestic Violence Advisors (IDVAs) to support victims through the criminal justice process. Women's organisations that support DVA victims regularly consult them regarding their needs; this work has informed campaigns for these improvements in policy and practice. Despite widespread support for improvements in services to DVA victims, it is important to ensure that any changes to policy and practice are subject to scrutiny and evaluation to assess the extent to which they are effective in preventing further harm and to ensure that they do not do more harm. It is important to carry out studies such as these to highlight the impact of specific measures/interventions on victims. The issues highlighted must be understood by the agencies involved if they are to work towards reducing and preventing further harms, or more importantly, to ensure they do not do more harm. Encouragingly, Hester (2005) found that DVA victims were positive about the shift in policing that had taken place.

¹ "Domestic Violence Protection Orders (DVPOs) and Domestic Violence Protection Notices (DVPNs) were rolled out across all 43 police forces in England Wales from 8 March 2014. DVPOs are a civil order that fills a "gap" in providing protection to victims by enabling the police and magistrates' courts to put in place protective measures in the immediate aftermath of a domestic violence incident where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions" (Home Office, 2020: np)

² "Clare's Law, or the Domestic Violence Disclosure Scheme, has two functions: 'right to ask' - this enables someone to ask the police about a partner's previous history of domestic violence or violent acts. And 'right to know' - police can proactively disclose information in prescribed circumstances" (Home Office, 2013: np).

As well as recognising that we have come a long way in improving the police response to DVA through the implementation of a range of measures, some of which are noted above, it is important to also recognise that there are some notable consistencies in women's comments regarding their experience of the police response to DVA over this period. This can be related to the endurance of the sexist aspects of police culture and an incomplete understanding of risk, as outlined above. As such, this study does not make any attempt to scrutinise any one specific measure as adopted by Essex police. Much of the recent research on the policing of DVA (some of which is noted above) takes an evaluative approach to assessing specific measures in isolation – this largely involves counting and measuring outcomes (e.g. repeat victimisation) to make some arguments about the effectiveness of a strategy/intervention with regards to the prevention of harms. As noted above, these studies are necessary to gain a more complete understanding of the impact of specific measures on victims and to inform the decision-making of senior officers whom are responsible for designing and implementing strategies to reduce and prevent DVA harms. Lewis et al. (2000:201) note that “researchers often argue for the value of one type of intervention above others, [yet] women's accounts indicate that any one intervention is not sufficient on its own”. Due to the specific focus of evaluation studies, they largely fail to consider other key aspects of the overall police response, for example the interaction

between officers and victims, which is also likely to have an impact on outcomes. So, the focus for the analysis of police files within this study was to explore the pathways of victims, looking at the interaction between officers and victims, and make some inferences about their experience of the overall police response and the extent to which it may, or may not, have met the needs of the victims involved. This approach allowed for closer scrutiny of the issues that are consistently highlighted by victims in their comments regarding the police response to DVA and reveals more about the ways in which victims might experience the police response to DVA regardless of the application of specific interventions and/or the outcomes. The focus is on the overall pathway rather than measuring specific outcomes. It is important to note that no assumptions were made about the specific needs of any of the victims included within this study. Significant work was put into establishing the needs of victims in the review of research literature involving DVA victims which follows. It was the comments from DVA victims included in this chapter which helped to lead the analyses of police files and practice throughout the study.

Through an analysis of qualitative research evidence based on the experiences of DVA victims, particularly those studies that include the voice of the victim, it was possible to identify the following themes as key areas to consider in terms of victims' experiences of the police response to

DVA – victims need to be believed; victims need to be listened to and for the abuse to be taken seriously; victims need to be treated with respect; victims need officers to have some understanding, knowledge and skills. The women’s voices included in this section have been taken from a range of studies, involving hundreds of women from across the UK (including Essex). Each of the studies, in different ways (e.g. interviews/focus groups), asked female survivors about their experience of DVA and/or, more specifically, the police response to DVA. In some cases, the police were the only agency to be discussed in the studies, in others there were comments on a range of agencies/practitioners involved in the response to DVA. However, only those comments from women which related directly to the police have been included here. Where appropriate, there is some consideration given to the importance of the role of the police in engaging in multi-agency partnerships to further support victims.

Victims need to be believed

SafeLives (2018) report that “on average, it takes three years for those experiencing domestic abuse in England and Wales to access support from a service” (p,3). It is estimated that, on average, victims experience 35-50 incidents of abuse before getting help (SafeLives, 2018; Walby and Allen, 2004). A survey of women who had or were using Women’s Aid services

in Essex revealed that 55% (n=23) of the women had experienced abuse over 100 times before contacting police (EP, 2013). Therefore, it is important that victims are believed when they do take the difficult step to report their abuse to police, the frontline in the criminal justice response to DVA.

In many cases, the decision to call the police is due to an escalation in frequency and/or the severity of the abuse, so it is often the most serious cases that will come to the attention of the police (Walby and Allen, 2004). Victims are unlikely to disclose details of their abuse if they feel that they are not believed by attending officers. In a collaborative study conducted by Paladin, the Sara Charlton Charitable Foundation and Women's Aid (2014), it was found that 35% (n=90) of victims did not report to police with many saying "that they felt that the police would not believe them" (p, 5). Inevitably, a lack of information from the victim, will have a negative impact on the risk assessment and any subsequent steps taken by police to manage the risk. Therefore, it is in the interest of officers, whom might be held accountable for their actions and/or inaction in terms of assessing and managing risk, to create a context where victims can speak about their experience.

This issue of victims being believed is also key in terms of achieving the victims support for criminal justice processes. According to the ONS

(Elkin, 2018), “nearly one in two (49%) domestic abuse-related violence offences had evidential difficulties outcomes where the victim did not support action” (p, 19). Admittedly, this may be due to a range of factors, for example, the victim may require emergency support only and may not want to proceed with a lengthy court process (Lewis et al., 2000; Hester, 2005) and/or it may be “due to the level of fear and control exerted by the perpetrator” (Elkin, 2018:19). Women’s decisions in relation to supporting prosecution are likely to depend on the extent to which they feel the criminal justice process can offer greater levels of safety and protection (Hester, 2005). Regardless of the risk factors, there are cases where women do expect a criminal justice response (STADV, 2002). Either way, being believed by the police, the gatekeepers to a criminal justice response, is perhaps the first step towards gaining the support of a victim for prosecution.

In a 2013 study conducted by Essex Police with the support of Women’s Aid (facilitator) involving 42 women over 5 locations, it was reported that “the victims needed to be believed, listened to and protected by the police and the courts” (EP, 2013: 11; emphasis in original). In response to the question ‘How did the officer/s make you feel?’, the women commented on the issue of being believed. For example, one positive comment was that:

“Being believed was really important to me” (in EP, 2013: 4)

And one negative comment was:

“Felt disappointed and let down as I didn’t feel believed” (in EP, 2013: 4)

The issue of being believed is likely to have a significant impact upon the way in which victims interact with officers. It is also likely to have an impact upon the way victims view their situation – not being believed can tie in with the ways in which the perpetrator creates and maintains a context of fear and control. Perpetrators may have convinced the victim that they will not be believed if they dare to report the abuse to the police. This was evident in the comment from one victim, “The officer believed me – he always said that you [police] wouldn’t believe me” (in EP, 2013: 9). This comment was in answer to the question ‘What is the most important thing that Essex Police did to help you?’ Again, women here referred to being believed as an important aspect of the police response:

“They believed me” (in EP, 2013:9)

“The officer believed me – I couldn’t believe the officer arrested him, it was brilliant!” (in EP, 2013: 9)

For this woman, the arrest of the perpetrator, something she seems not to have expected to happen, was linked to her being believed. In

circumstances such as these, we can see that victims may feel more empowered to support a criminal justice outcome and/or report further abuse to the police. On the other hand, not being believed was also linked to an arrest, of the victim! “*I got arrested as they didn’t believe me!*” (in EP, 2013: 5). When so clearly linked to the issue of arrest, we can see how being believed by officers can have a significant impact upon the women’s view of their situation, on the pathway of victims and on the direction of criminal justice processes. So, it is not difficult to see why this issue is of some importance to victims who take the decision to report their experience of abuse to the police. As such, police should regard this issue with as much importance on an institutional and procedural level.

In a 2014 PCC report, *Profile of Victims’ Needs and Services in Essex, Southend and Thurrock*, it was claimed that “putting victims at the heart of our developing services is a key principle” (Butterworth, 2014:3). The ‘Victims’ Voice section of the report was based on the findings from workshops on ‘victim-centred service design’ where a victim shared their experiences by way of a case study. Being believed was considered to be a primary need (Butterworth, 2014) - yet within the recommendations sections there did not appear to be any measures to address this issue. Throughout the report, the recommendations sections appeared to be more focused on addressing gaps in service provision and the roles and

responsibilities of key agencies/practitioners rather than addressing the issue of meeting the primary needs of victims as identified via data gathering exercises that included the voice of the victim. This perhaps offers some explanation for the overall consistency in women's comments regarding the police response to DVA. It would appear that, in the grander scheme of commissioning services and ensuring that statutory obligations are being met, key messages from DVA victims regarding their needs and the improvement of existing services and practice are being missed. These are the issues that this study aims to highlight here and in the discussion and recommendations section.

Victims need to be listened to and for the abuse to be taken seriously

It has been noted throughout this thesis, that listening to victims' accounts of their experience of abuse and their experience of the police response to DVA is essential to preventing further harms. DVA victims are considered to be fairly reliable at assessing risk as faced by themselves and their children (Bowen, 2011; Dichter and Gelles, 2012) so there is much to be gained from gathering details from victims about the abuse and the behaviour/lifestyle of the perpetrator. This not only allows police to make an informed decision as to the level of risk, it also allows police to offer and/or put in place appropriate levels of protection (Dichter and Gelles,

2012). Therefore, a failure to listen to victims and/or take them seriously can lead to an increase in harm. The needs of victims are diverse, there is no ‘one size fits all’ police response to DVA, and it is only through an appreciative dialogue with each and every victim that officers can be expected to use their own professional judgement to make decisions that might prevent further harm, or at the very least, to not do more harm!

Victims often express concerns about the potential for further abuse following a police response (Lewis et al., 2000). One of the key areas of concern for victims is speaking about the perpetrator and the abuse when they are still present – this can have the effect of silencing victims.

As one woman noted...

“it is difficult when they [police] come because the person is still there and you just want them to take that person away but they didn’t do that. He was still in the room. So I couldn’t put across things I really wanted to say to them because he was giving me the look”
(STADV, 2002: 32).

This demonstrates that the context of fear and control, created by the perpetrator, continues regardless of the police presence, thus making it difficult for victims to speak about what has been happening. Victims are

clear about their need to be given the opportunity to be listened to without the perpetrator present.

“You can’t speak if the man’s in the room, because you get the looks and you know that if you’ll say these things in front of this man, he is going to remember what you said and if there is another time that you are together it’s going to come back down on you again”
(STADV, 2002: 33).

This woman is clear about the potential consequences of speaking about the abuse. It is important for officers to note that when victims do not speak, they are not always being uncooperative, rather they are actively managing their own risk in avoiding the potential consequences of speaking up whilst the perpetrator is present. Furthermore, a failure to recognise this can leave victims feeling as if their account of the abuse/incident is not worth listening to and that they are not worthy of police protection. For one woman, not being listened to about what was happening was linked with her thoughts about her situation and the appropriate action to take with regards to her ongoing relationship with the perpetrator...

“They weren’t willing to hear what I had to say, or what was going on or what was happening...”

...Am I over reacting? I think in some ways I even resumed the relationship because I thought perhaps I have made a fuss, perhaps its not as bad, it still goes round in my head” (in STADV, 2002: 33).

In an earlier comment, the same woman admitted calling police because she believed hers and her children’s lives were “really, really in danger” (STADV, 2002: 33) which suggests she was not just ‘making a fuss’. So, not being listened to and not being taken seriously is significant in terms of the impact it can have on women’s general assessment of the seriousness of the abuse they are experiencing and their decision-making processes regarding the ongoing relationship. Any minimisation of the abuse is also likely to affect help-seeking decisions in the future (Evans and Feder, 2014). In the CSEW 2012/13 the most common reason given for not reporting to police was that the abuse was too trivial or not worth reporting. Victims need to be encouraged to speak about the abuse within a context where they feel as if they will be listened to and the abuse is taken seriously by police. This is important if victims are to recognise the seriousness of the abuse and if they are expected to proceed with legal action and support a prosecution with some confidence in the police. The Police Foundation (2014) admit that “historically, the lack of attention given by the police to domestic abuse cases has taken its toll on victim confidence” (p, 13).

Victims also express a lack of confidence in the police response to children and young people who experience DVA. Children are not always listened to by police officers attending a call for help in relation to DVA, as highlighted by one victim,

“... they did not want to listen to the children” (in Robinson and Stroshine, 2005: 311).

Not being listened to is also an issue for children themselves.

“They listen to the adults more...they don’t want to talk to you” (in Stanley et al., 2010: 54).

Following a collaborative research project, between Refuge and NSPCC, involving children who experience DVA, Stanley et al. (2010:52) reported that young people “described themselves as excluded from discussions that took place between police officers and adults following an incident of domestic violence”.

Similarly, Radford et al. (2011) state that:

*“Children are rarely given opportunities to **express their own views**, and some professionals are reluctant to talk directly with children*

and young people and to involve them in decisions which affect them” (p,12; emphasis in original).

Given the serious impact of DVA, it is concerning that police officers may be reluctant to talk directly with children about what is happening in their lives. If victims and their children are to have any confidence in the police to provide protection from harm, they need to be able to talk about their circumstances and the impact it is having on all their lives. As argued by Radford et al. (2011),

“Effective and positive police action to secure their immediate and ongoing protection was desired by many of the children who talked to us. The police should have clearer responsibilities and guidance on talking directly and separately with children when attending domestic violence incidents” (p, 23).

Adult victims’ concerns around police officers asking children about the abuse were linked to the issue of them knowing what to ask and how to ask them. In STADV (2002:24) “the women agreed that it is good to ask questions of children, but only if the police have the training” – they were not so confident that this is the case.

The issue of being listened to appears to be a key determinant in relation to overall confidence and satisfaction with the police response to DVA, for

both adults and children. In focus groups with children and young people, Stanley et al. (2010) found that:

“In the small number of cases where young people made positive remarks concerning their interactions with the police, these were related to being listened to and provided with time and space to talk” (p,54).

Children appreciate being given the opportunity to speak about what is happening in their lives, as articulated by this young girl:

“She was really helpful; she spoke to me rather than just my mum. She was the one that gave us the number for the NSPCC. She was just good at listening to us and that” (in Stanley et al., 2010:54).

The issue of being listened to is also found to be a significant factor in adult victims' satisfaction with the police response to DVA. In Robinson and Stroshine's (2005) study involving 222 domestic abuse victims, they found that “only 53 per cent of victims are satisfied when the police do not take time to listen to them, but 97 per cent of victims are satisfied when they do” (p, 311). If victims are to engage with criminal justice processes as a means to preventing harm, then they need to be satisfied with the police response. It is important that they are being listened to and that the abuse is taken seriously. As reported by Robinson and Stroshine (2005):

“When victims felt that officers did take the situation seriously, 98 per cent of victims were satisfied, but when they did not only 42 per cent of victims were satisfied” (p,311).

Giving victims the opportunity to speak about their experiences of DVA and the police response to the issue within a context where they are listened to, believed, and taken seriously, is essential for improving overall satisfaction with the police service and, more importantly, for empowering victims to take and support action that may prevent further harm. The police clearly have work to do if they are to improve the overall levels of satisfaction and confidence in the police response to DVA. The voices of victims are key to driving change in the policing of DVA and for empowering victims. This is demonstrated in the comment from victim below:

“Made me feel like I was worth listening to – also feel something might be done at last – yes!” (in SEEDS, 2008: 8)

Similarly, in the Standing Together consultation with DVA victims, they found that women were “pleased that their comments and recommendations would be used in police training the following week” (STADV, 2002). It is important that police hear and understand the impact of their actions on victims and that victims’ voices are central to informing and driving change within the policing of DVA. As noted above, there has

already been a significant shift in the policing of DVA over the last few decades, however, we cannot ignore the consistencies in women's accounts of the police response to DVA.

Victims need to be treated with respect

When victims do take the difficult decision to involve police it is important that they are treated with respect. Not being listened to, not being believed and not being taken seriously (discussed above) can contribute to an overall feeling of not being respected. However, victims also highlight some issues with the demeanour, attitude and general behaviour of officers that lead to them feeling they have not been treated with respect. For some victims there is a sense that police have a poor attitude towards DVA victims in general.

“...oh this is another domestic violence. They all stood there with their hands folded and it was like – oh we’ll get rid of this one and another one will come in later on” (in STADV, 2002: 33).

Other comments from victims suggest that officers can be judgemental and unsupportive in their response to DVA.

“could have been more sympathetic and less judgmental” (in Robinson and Stroshine, 2005: 311).

“Was told it was ‘women like me that stopped other women coming forward’ because I didn’t want to make a statement” (in EP, 2013: 8).

“could have been more polite to the children” (Robinson and Stroshine, 2005: 311).

For some victims, the disrespect was felt on a more personal level, whereby their gender, ethnicity, identity and/or background led to officers behaving in a discriminatory fashion and/or making assumptions based on negative stereotypes and bias.

“Male officer kept calling me mate [55yr old woman], took me to refuge and said ‘don’t let them know you are a nutter or they won’t let you in’”(in EP, 2013:8).

“I was deeply concerned about the different cultures as well, I mean for example I got an English policeman who said to me – ‘oh your partner was born and bred in Fulham and you come from Scotland. Don’t you have all the roughnecks up there?’ I mean that was very intimidating to me” (in STADV, 2002: 36).

“I went to the police station...when I went there, they weren’t very helpful, to be honest. I’m just this black lady” (Stanley et al., 2010:50).

“responding officers were chauvinistic” (Robinson and Stroshine, 2005:311).

Victims also highlight something of a dismissive attitude expressed by officers when they feel that victims are not acting to prevent the abuse themselves (e.g. making a statement to support police action or leaving the abusive partner).

“The police should not say like happened to me maybe in a few days time you will feel different...” (in STADV, 2002: 33).

“”I think that they have an attitude, they really do have an attitude, its like when you get in the car, they automatically think that once you get in the car and get to the station that you are going to stop and you are not going to press forward so they are not really concerned with you unless they know that you are going to press charges otherwise I don’t think they bother with you” (in STADV, 2002:33).

“When I call the police the attitude was – I think the best thing for you to do is to take the kids and just leave” (in STADV, 2002: 33).

The comments from victims so far in this chapter highlight the disrespectful and dismissive attitude of some police officers towards victims of DVA. This type of attitude towards DVA victims is not

exclusive to police; regardless of the progress made in terms of bringing DVA to the fore as a public issue, society, institutions, communities and individuals are still found to demonstrate a general lack of understanding towards DVA victims and their circumstances. The comments from women so far in this chapter demonstrate that some women still feel disbelieved, unheard and judged by police in their response to DVA. Police officers are members of the society they police – they are ‘citizens in uniform’ – as such, they are not immune to some of the deeply ingrained biases and stereotypes that permeate society and impact negatively upon DVA victims, especially women. For example, Lloyd and Ramon (2016) report that the most commonly identified theme in their research on media representations of intimate partner violence related to “how women are held accountable for the domestic violence they experience” (p,9). As argued by Epstein and Goodman (2019), women, as victims of DVA, might consistently find that their credibility is discounted by a range of actors (e.g. police officer, judge, landlord, employer, perpetrator!) to the point where “credibility discounts become as pervasive as the air these women breathe” (Epstein and Goodman, 2019: 447). Whether they are aware of it or not, the attitudes of police officers towards women, such as those highlighted within this chapter so far, are harmful, in that they can serve to reinforce the discrediting messages from the perpetrator (e.g. ‘they won’t believe you’ or ‘you’re making a fuss about nothing’); this can act

as a barrier to healing and to accessing protection and/or justice (Epstein and Goodman, 2019). Any attempts to address some of the negative attitudes and gender-based bias towards DVA victims, must first include an acknowledgement of these issues and the impact on victims, and secondly, the determination and will of individual police officers and the institution to change. The developments in the policing of DVA over the last few decades have led to some improvement in terms of the levels of support and protection that victims might be able to access. However, it is clear that the police, the frontline in the response to DVA and gatekeepers to the criminal justice process, have work to do to improve their understanding of some of the issues faced by DVA victims, both in the context of the abuse they experience from the perpetrator, and the response they receive from police.

Victims need officers to have some understanding, knowledge and skills

As noted previously, an effective police response to DVA requires understanding, knowledge and skill on the part of police officers. This is recognised by some victims, police and professionals.

“could have been more understanding” (Robinson and Stroshine, 2005: 311).

The HMIC (2015b) reported that the victims they spoke to during their inspection “felt that officer attitudes and behaviour towards victims of domestic abuse are still mixed, with some still lacking the knowledge, skills and understanding to tackle domestic abuse effectively” (p,15). They also reported on the results of a survey they did with 450 DVA practitioners – whilst it was acknowledged that policing of DVA had improved in recent times, it was officer understanding that was highlighted as being still most in need for improvement. This was also one of the main findings in this research project.

Many of the victims’ comments above regarding being believed, being listened to and being respected by police officers can be linked to a lack of understanding and knowledge of DVA among police officers.

“I feel that many police officers do not take DV seriously and do not know how to deal with or handle victims” (in Paladin et al., 2014:8).

The comment from one victim demonstrates that officers themselves are aware of the need to understand the dynamics of DVA to be able to respond effectively.

“Female officer said ‘sorry love, I work in traffic, don’t really know about this stuff’” (in EP, 2013: 8).

In STADV (2002) when victims were asked ‘What would make you want to call the police more?’ the issue of understanding and knowledge among police officers was apparent.

“Training for the police on domestic violence, so they understand it properly” (in STADV, 2002: 32).

“If police officers were trained to deal specifically with domestic violence so they know what is involved and that it affects the children” (in STADV, 2002: 32).

“It’s not okay to just advise women to leave the home” (in STADV, 2002: 31).

This comment can be related to a lack of understanding around DVA risk factors. The presence of police can escalate the risk; this is often a cause for concern for DVA victims – they understand that there are likely to be repercussions (further and/or more serious abuse) as soon as the police have left (Lewis et.al., 2000). Victims need police officers to understand this. Victims also need police officers to understand why victims may be unwilling or unable to support a full criminal justice outcome (e.g. making a statement to support prosecution).

“They changed their attitude when they found out I hadn’t wanted to press charges before. They didn’t understand how difficult it is.

It's not just me but the children and everything – the embarrassment.

I think they thought I was wasting their time” (HMIC, 2015b: 43).

Here the victim clearly links the negative attitude of officers concerning her reluctance to press charges to a lack of understanding of DVA. The need for improved training of police officers has not gone unnoticed by victims, researchers, review bodies and the police themselves. In a summary of feedback to six survivors studies conducted in the South West between 2002 to 2006, Philipa Chapman (SEEDS, 2008) put forward 5 broad recommendations – the first 3 relate directly to training and improving knowledge and awareness of DVA among all agencies involved in the response to DVA. The Police Foundation (2014) also highlight the need for training, specifically in relation to coercive control; they state that:

“The very nature of coercive control is a difficult concept to understand and many officers have trouble empathising with low-level repeat cases, and may mistake victims as culpable rather than vulnerable” (p,16).

Following 11 focus groups with over 60 DVA victims, the HMIC (2015b) reported that:

“A large number felt that responding officers did not always understand the dynamics of domestic abuse and the situation that

victims often found themselves in. Some victims described officers responding more positively when they had a visible injury compared to cases where there had been emotional abuse, which reinforces the need for training to develop officers understanding of coercive control. Victims gave examples of how the negative attitudes of particular officers had resulted in them losing trust and not being willing to report subsequent abuse to the police. This had a lasting impact on their views of the police and their expectations of how they would be treated in the future” (p, 16).

The lack of understanding around DVA among police officers clearly has a significant impact upon DVA victims. As has been demonstrated throughout this chapter, it can prevent women from seeking help from police in future incidents; it can serve to trivialise the abuse and prevent emotional healing; and it can act as a barrier to a criminal justice outcome. It can be argued that police would be more likely to listen to victims, believe them and take them seriously if they had a decent level of knowledge and understanding regarding DVA and risk. Adequate training, which is informed by the voices of victims, can help to ensure that officers are given the opportunity to hear about victims needs and the impact the police response can have on the lives of victims and their families both in the short and long term. It can also help them to develop the skills required

to engage with victims and their children when responding to them. Women's Organisations (e.g. Women's Aid, Refuge) who work with victims of DVA have been consulting survivors about practice and the provision of services for decades; it is time that public sector institutions (e.g. police, health, education) make a more concerted effort to engage in regular, meaningful consultation with victims of DVA to ensure that their practice is meeting the needs of victims.

Victims expectations and overall satisfaction with police?

In considering victims level of satisfaction with the police response to DVA, it is important to note victims' expectations. Not all victims want or expect police to instigate the full criminal justice process. As identified by Hester (2005), in her research on attrition and domestic violence, women who just wanted an immediate stop to the violence were satisfied when police came quickly and calmed things down; on the other hand, women who wanted longer-term protection and for measures to be put in place to end the violence were more likely to be dissatisfied, mainly with CPS decisions (EP, 2013) and court processes (Hester, 2005). Whether or not DVA victims expect a full criminal justice outcome, evidence suggests that their satisfaction with police, is determined largely by the way they are treated by police officers in response to a call for help.

In Robinson and Stroshine's (2005) study looking at the factors that contribute to DVA victims satisfaction with the police they found that "the most important determinant of satisfaction is the extent to which victims' expectations about police behaviour and demeanour are fulfilled" (Robinson and Stroshine, 2005: 301). In their paper, they refer to a number of studies, most of which point to the fact that:

"When the police encounter is one characterised by respect and understanding, and when victims perceive that the police are concerned about their welfare and take the time to listen to them, they are significantly more likely to be satisfied" (Robinson and Stroshine, 2005: 304).

It is clearly important to note the extent to which victims satisfaction with the police is driven by the way they are treated by police officers in response to a call for help. Within this chapter, and throughout the study, there has been a clear focus on the pathway and the information this can reveal about the interaction between police officers and victims. This is justified on the grounds that much of the current research on the policing of DVA is focused upon evaluating the effectiveness of specific strategies by measuring outcomes (e.g. repeat victimisation). These may well be useful performance indicators for the police (ref); however, as the evidence shows, DVA victims assessment of police performance is based largely on

the police officers' demeanour and behaviour towards them, rather than being based upon the chances of achieving a criminal justice outcome. As argued by Stephens and Sinden (2000):

“Deterrence and recidivism are priority matters for those formulating system responses to domestic violence; however, as the policy debate about appropriate institutional responses moves forward, it is critical to understand the dynamic between police and victim” (p,536).

Victim satisfaction with the police is clearly a crucial element in the drive to tackle DVA. If victims are to be encouraged to report DVA to the police and support lengthy criminal justice processes then they need to be satisfied that the police have a decent level of knowledge and understanding of DVA and that they will treat them with respect. A bad experience with the police has the potential to impact upon victims decision to request help from them in the future.

Improving police responses? – What do victims need?

This chapter has sought to highlight some of the needs of DVA victims within the context of a police response. It is important to note that the needs of DVA victims are diverse. In responding to a call for help, police

could not, and should not, assume to know what DVA victims need or want. In order to understand the needs of a victim, police need to listen to victims' experience of the abuse and understand the difficulties they face. DVA victims are regularly faced with difficult decisions about how to negotiate safety and protection for themselves and their children. As argued by Lewis et al. (2000), women's attempts to secure safety for themselves and their children involves "active negotiation and strategic resistance" (p, 191) rather than a passive acceptance of the abuse. "They make very careful decisions, in very difficult circumstances" (Lewis et al., 2000: 191); for many, the decision to involve the police is not taken lightly due to the likely impact of the intervention on the perpetrator, themselves and their children. Women face a range of dilemmas when considering the consequences of police involvement:

"...I didn't want to be the one to get the police involved for him to get put away [imprisoned] for his fine. But I never had a choice. I couldn't have come back here if I hadn't got the police" (in Lewis et al., 2000:192).

"The reason I didn't want him put away is that I need him to help with the kids when I go into hospital [when she delivers their child]. That's the only reason" (in Lewis et al., 2000:192).

So, for some victims, involving the police is a means to achieve immediate protection from violence, for others, the police are gatekeepers to a criminal justice outcome that might lead to longer-term protection and an end to the violence (Hester, 2005). Whatever the expectations are in terms of a criminal justice response, most victims' satisfaction with the police is driven by the way they are treated by police officers (Robinson and Stroshine, 2005) in response to a call for help.

The comments from victims included in this chapter highlight what victims need from police: they need to be believed, they need to be listened to and taken seriously, they need to be treated with respect, and they need police officers to have some understanding and knowledge regarding DVA and the difficulties they face as victims to achieve safety and protection for themselves and their children. Victims need police officers to understand that their decision to involve the police can lead to further retaliatory violence and that separation from the abusive partner increases the risk of homicide (Epstein and Goodman, 2019). Police training in relation to DVA should incorporate the needs and voices of victims to ensure that these issues are understood by police. Taking a more victim-centred approach to responding to DVA can help to empower women to make decisions about the direction of a criminal justice response (Robinson and Stroshine, 2005).

Ultimately, ‘what victims need’, cannot be neatly summed up and presented in a chapter of this thesis, neither can it be neatly presented in a police training package or policy/procedure document. Responding to DVA requires a professional and knowledgeable workforce that is also prepared to demonstrate a level of understanding and empathy – this can only be achieved through a strong sense of awareness of the impact of DVA on a diverse range of victims and the ability to care for vulnerable people, regardless of their age, gender, class, race and any offending activity.

6. METHODOLOGY

The purpose of this study was to learn more about the police response to DVA in Essex with the intention to add to current efforts to improve police performance and align more closely '*what police do*' with '*what victims need*' in relation to DVA. The study was a collaboration between Essex Police and the University of Essex funded by the Police and Crime Commissioner (PCC) and the Economic and Social Research Council. The Chief Constable of Essex Police was fully supportive and was keen for the collaboration to be an informative and instructive process which could offer academic rigour based on evidence. Essex Police had no control over the direction of the research project or the production of the final thesis; the project was supervised by two women who are experts in the field.

The research set out to:

- a) consider how risk of harm to DVA victims is currently understood and applied in Essex Police.
- b) identify the needs of DVA victims to establish how risk management may be more effectively aligned to risk factors.
- c) identify better ways of measuring and monitoring risk to establish how further incidents may be reduced.
- d) evidence how victim voice might affect the levels of protection.
- e) add value to how Essex Police monitor their own performance in

relation to risk assessment and management by putting victim voice at the heart of the service.

- f) consider best ways of incorporating the insight of victims into police practice.
- g) to review current officer training initiatives.

This chapter will outline the approach taken to data gathering and analysis. The study was exploratory in its approach; driven by the exploration of policy and practice, with an emphasis on knowledge transfer, challenging and/or changing policy where required, and to make recommendations for future developments. Initially, there were two main strands to the research design. One involved the study of police practice through an exploration of '*what police do*' in relation to DVA, as outlined below. The other involved a consideration of '*what victims need*'; achieved largely by means of a review of relevant literature which included the voices of victims (above). This was then all brought together via an exploration of pathways, from the call for help through to outcome of the initial response, whereby it was possible to consider the ways in which '*what police do*' might be, or could be, more closely aligned with '*what victims need*'. Taking this multi-perspective approach allowed the researcher to address the key aims and objectives of the research (*a-g, as detailed above*). Whilst it was not the focus of the research, it also provided an opportunity to

consider broader issues of organisational culture, gender and power. The data collection processes and methods/techniques adopted were identified and fully justified throughout the planning and design of the research which is detailed in the following sections.

6.1 RESEARCHING ‘WHAT POLICE DO’

The study explored the policing of DVA using a range of methods as outlined in this section. Looking at the policing of DVA from a range of perspectives (e.g. top-down as well as bottom-up) allowed for a greater understanding of key issues and for recommendations for improvements to the service to be made.

Documentary analysis

Through documentary analysis it was possible to build a profile of Essex Police, and to learn more about their responses to DVA, both past and present. Analysis of internal and external reviews of Essex Police’s performance in this regard helped to build a picture of what they may have done well and where they may have got it wrong. One of the key aims of the research was to (e) ***Add value to how Essex Police monitor their own performance in relation to risk assessment and management by putting victim voice at the heart of the service.*** Routine performance monitoring

is essential to improving the policing of DVA. Stanko (2008) highlights three analytical elements to strategic performance monitoring which serve as a basis for learning about victims' needs and policing. These are: "understanding the lessons from domestic homicide, the needs of repeat users of police services and the profile of requests for services for domestic violence" (Stanko, 2008: 294). In recent years, Essex Police (EP) have frequently been subject to scrutiny and criticism for their response to DVA; the worst cases involved the murder of victims who were, or had previously been, in contact with EP regarding the abuse. EP's handling of DVA in these and several other cases have been investigated by the Independent Police Complaints Commission (IPCC). The IPCC came into force in 2004, with its own independent investigators, to provide oversight and/or control over investigations into complaints against all 43 police forces in England and Wales (Jones, 2008). It is not always the case that a complaint has been made by the public; the IPCC carries sufficient authority to require all police forces to refer to it the most severe cases/incidents involving death, serious injury, assault and corruption (Jones, 2008). There are doubts about about the extent to which the IPCC is truly independent with a Home Affairs Committee Report (2013) stating that 33% of its investigators were former police officers; it was also noted that they were under-resourced and not fully trusted by the public. Notwithstanding the concerns raised about the IPCC and its capacity to

deliver truly objective scrutiny (Home Affairs Committee, 2013), it is worth noting the observations of Johansen (2013: 447) who, in reviewing the IPCC “in the context of transnational developments towards ever greater independence from police in the handling of complaints”, argues that the IPCC “performs fairly well” in comparison to other European independent police complaints boards. Therefore, despite the criticisms of the IPCC, it was deemed that IPCC reports, which were publicly available, were relevant for inclusion in the analyses for the details they could provide on the (mis)handling of DVA cases by EP previously. In addition to IPCC reports, documentary analysis was also conducted on available reports from the Domestic Homicide Review Boards (DHR), HMIC and Essex Polices’ own thematic reviews. This helped to reveal how Essex Police understand “the lessons from domestic homicide” (Stanko, 2008: 249) and how these understandings informed the development of new policy and practice to address problems within the service.

Given the full access granted to the researcher to view police files in Essex, it was also possible to analyse a range of documents that are not available in the public domain. This was a very important part of the research of Essex Police as it revealed more about the development of their handling of DVA from a perspective that is largely closed to those who are not police officers. One of the ways Essex Police have been working to

improve their knowledge, understanding, and performance in relation to DVA is through the construction of a Domestic Abuse Problem Profile (DAPP). The DAPP, a restricted document, contains a range of information concerning DVA in the region; for example, a breakdown of the demand profile by region and by risk levels. As part of the work to develop the profile, they conducted their own documentary analysis of DHRs and HMIC performance reviews in relation to DVA. This demonstrates that efforts have been made to understand the lessons from domestic homicide and to learn more about the profile of those that ask for help in relation to DVA (Stanko, 2008). One of the stated aims of the DAPP was to consider ‘the voice of the victim’ and identify ‘what works’ and what doesn’t from the victims’ point of view. However, an early visit to Essex Police revealed that there is limited input from the victim perspective to the DAPP. There was some suggestion from staff that an online survey may be created to gather data from victims. Whilst this may provide some data with regards to victims’ needs and their perceptions of police practice it is deemed by the researcher that the responses to a survey of this kind may be limited, both in number and in the quality of information gathered. Therefore, the ongoing development of the DAPP was reviewed to identify ways in which the voice of the victim might be inserted. This fits with Stanko’s (2008) recommendations in relation to “understanding...the needs of repeat users of police services” (p, 294) and

allowed the researcher to fully *(f) Consider best ways of incorporating the insight of victims into police practice.*

All documentation reviewed as part of the research (including the information gathered for the pathways analysis) was assessed according to the criteria suggested by Scott (1990:6 cited in Bryman, 2008: 516):

1. *Authenticity.* Is the evidence genuine and of unquestionable origin?
2. *Credibility.* Is the evidence free from error and distortion?
3. *Representativeness.* Is the evidence typical of its kind, and, if not, is the extent of its untypicality known?
4. *Meaning.* Is the evidence clear and comprehensible?

As suggested by Bryman (2008: 516), the set of criteria is rigorous enough for the purposes of assessing the quality of documentary sources of data. Documents deriving from police files may, by their very nature, be expected to fulfil the criteria completely. However, as suggested by Bryman (2008), it would be wrong to be complacent about this. Therefore, the researcher was mindful of the need to constantly question all documentation for how it might fulfil the above criteria, or perhaps more importantly, where it might not. Given the focus in the police for adopting strategies and policies for improving their performance in relation to DVA (all of which are well documented), and the impact this has upon procedure for those involved in frontline policing, it was equally as useful to highlight

where documentation might reveal biases and/or where it may fail to capture the reality of certain situations. For example, it was useful to look at Essex Police's current domestic abuse policy and to note whether this accurately reflected the activities of frontline officers in responding to DVA. It was also useful to find out how individual officers, holding different positions within Essex Police, may interpret the purpose and content of such documents, or if they were even aware of them. Examining the documents in the context of other sources of data (e.g. internal/external reviews as well as observations) therefore allowed for a more complete evaluation of their quality according to the criteria suggested above. It also provided opportunities for learning more about the meaning of these documents/tools to the police. For example, the DASH form, and its application within EP, was key for considering police officers' understanding of risk.

Given the significance of the DASH risk assessment tool, in terms of its potential to guide police action in relation to their response to DVA, it is appropriate to offer some clarity here on the tool itself (see also the section above on risk) and the approach taken within this study to analyse its application. Essex Police, as well as a number of other forces, conduct their initial risk assessment with the aid of a standardised tool, known as

the DASH (Domestic Abuse, Stalking and Harassment and Honour-Based Violence) form; it is an ACPO approved risk assessment model. Similar versions of the DASH form are also used by partner agencies (e.g. IDVAs) to assess risk and to inform the MARAC (Richards et. al., 2008). The model is based on the idea that there are “certain factors [that] increase the likelihood of future harm, including homicide”, and whilst it is recognised that there is “no scientific ‘predictive formula’...for the occurrence of future harm”, the model, according to Richards et. al. (2008) is, “evidence-based, rooted in research,...and has been tried and tested” (p, 114). However, they do go on to state that “any risk-assessment tool depends on the skill of those using it” (Richards et. al., 2008: 115). Therefore, despite the progress made in terms of assessing risk in relation to DVA, it is necessary to consistently review police practice in this regard to ensure that there is a reliable level of up-to-date knowledge and understanding of DVA amongst officers to enable them to carry out effective risk assessments. Therefore, analysis of completed DASH forms and the ways in which the police apply and interpret risk through the use of the DASH as a risk assessment/management tool was a key activity. This allowed the researcher to: *a) consider how risk of harm to DVA victims is currently understood and applied in Essex Police* and *c) identify better ways of measuring and monitoring risk to establish how further incidents may*

be reduced and d) evidence how victim voice might affect the levels of protection.

It is important to note that the DASH forms were not analysed in isolation. These types of documents can provide descriptive information about events and/or the people involved in the risk assessment, yet they do not capture ‘interactional accomplishments’ as clearly as observational data (Jacobsson, 2016: 163). For example, in this study, the analysis of the application of risk through the completion of the DASH form was not coupled directly with observational analysis of that specific interaction, therefore, the analysis may be considered somewhat limited in this regard. As noted by Jacobsson (2016), “the interaction that precedes the process of writing affects the production of texts” (p, 166). Through the analysis of the DASH alone, details of the setting within which the document was completed could not be fully established. However, within this study, due to the access granted, it was possible to gain some further contextual information regarding the setting and the circumstances under which the DASH was completed. It was possible to review the DASH form alongside other relevant documentation held within police files to identify the presence of risk factors, the voice of the victim, and to interpret the ways in which this may or may not have influenced the risk assessment and/or

police action. For example, for each DASH form that was analysed there was also a corresponding STORM report summarising the call for help, plus other relevant information that may have been added to the report by the telephone operator and relevant intelligence teams (e.g. relevant history on involved parties); there was also some information on the response, investigations and succeeding events regarding safeguarding activities in the CrimeFile report. Through analysis of this type of information it was possible to gain some context on the setting and to determine where, when and by whom the documents were produced. It also allowed for the consideration of the presence of relevant risk factors, making it possible to consider the impact these factors may have had on the information recorded within the DASH by the officer/s and on the subsequent decisions regarding the risk level and appropriate risk management strategies.

To be clear, to look at just one case, the analysis involved not only the DASH form, it was necessary to bring together a range of relevant documentation, accessible via a range of different IT systems, whereby free text was added by police officers and relevant support staff at different stages. Working on police property with sensitive data, it was not possible to retrieve all the data for use with qualitative data analysis software (e.g. NVivo). Therefore, a hardcopy file was put together for each case and all relevant documentation, as outlined above, was included in each case file.

These case files were analysed by hand. This involved active reading and reviewing of the documents numerous times, using a system of colour-coded highlighting and a table to identify themes and patterns. Using this method, it was possible to identify and/or analyse a range of key themes including:

- Correct/incorrect application of DASH by EP
- The presence, recording and influence of risk factors
- The voice of the victim (or absence of it)

These themes consisted of smaller discrete units of analysis. For example, expressions of fear are considered to be a risk factor; question number 2 on the DASH form is “Are you very frightened?” (DASH, 2009). Expressions of fear were searched for in all the available documents for each case file, not just the response given to the question on the DASH form. This allowed for a consideration of how fear may, or may not, have been expressed by each victim and how EP staff and the responding officers may or may not have recorded this information; as well as a consideration of how victims’ expressions of fear may or may not have impacted upon officer/s decision making regarding risk levels and appropriate risk management strategies. This involved a systematic approach, albeit by hand, to scanning the free text within all the files for each case. As well as counting the number of cases where expressions of

fear were present, a more holistic approach to analyzing each file was adopted. By reviewing the whole case file (pathway) it was possible to identify the ways in which fear may, or may not, have been expressed by victims and the ways in which officers recorded and responded to this. The files were analysed again and again, by hand, in order to gain a more complete understanding of the context, the actions of police and the voice of the victim.

The limitations of not having observational data on the interaction between police officers and victims when the documents included in the analysis were produced have been noted above. It was possible, however, through discussions with police officers and observations of practice (top-down and bottom-up), to learn more about police understandings of DVA, the purpose and meaning of the DASH and the risk assessment process. It was possible to assess the meaning, purpose and application of the DASH at the institutional level as well as the operational level. This, coupled with an analysis of the case files which also focused on the voice of the victim and the impact it may, or may not, have had on the risk assessment process allowed for a greater understanding of the interaction and its accomplishments between police officer/s and victims. It was deemed just as important to consider what may not have been recorded and/or

responded to within the DASH and other documentation within the files. Interestingly, in a study looking at a survey used by Social Services (Addiction Severity Index – ASI) that address addiction treatment in Sweden, it was found that the document revealed ‘an officially sanctioned approach’ involving a greater focus on information and facts, rather than the respondents ‘subjective narrative’ (Martinell Barfoed, 2014; cited in Jacobsson, 2016: 165). Therefore, it was necessary to consider whether the completion of the reports and the DASH risk assessment tool by police officers might be more directed by system requirements than victims’ experiences. In this study, the analysis sought to highlight where and when the voice of the victim, or the absence of that voice, might have had an impact on risk assessment/management. Importantly, it was the analysis of the information noted within the DASH forms, alongside the analysis of other contextual information that helped to learn more about the understandings and application of risk within EP. This further supports the pathways approach (discussed below) to analyzing the police response to DVA.

It is important to note that the intention was not to evaluate the effectiveness of the DASH form as a tool in any detail, nor was it used as a means to simply interpret the understandings and actions of individual officers; it was, rather, an attempt to analyse its dissemination and

generative features within the context of police understandings and application of risk in response to a call for help in relation to DVA. It was to consider how the document might have guided subsequent practice, for example, decisions concerning the level of risk and appropriate risk management strategies. It was also to consider how the completion of the DASH form might have impacted upon the victim pathway at later stages of the police response. This approach allowed for an appreciation of the overall significance of the DASH, as well as the voice of the victim, within a range of contexts simultaneously. The DASH documents and other relevant pathway documentation served as tools for interpreting (Jacobsson, 2016) police understandings and application of risk. Aside from the analysis of the documents themselves, I also had frequent and consistent access to police officers which allowed for asking questions about the understandings and significance of the documents in the context of responding to a call for help in relation to DVA. Together, “the documents and the talk about them reveal prevailing norms, logics, discourses and rhetoric” (Jacobsson, 2016:167), which can be directly linked back to broader institutional approaches to responding to DVA and the influence of police culture. The documentary analysis outlined within this section was also a significant part of the overall pathways analysis which will be discussed further below in the pathways section.

Review of police officer training packages

Specialist DVA training is a crucial element in improving police officers' (and other key staff) understanding of DVA (see Brennan and Myhill, 2017 and the work the COP have done with Women's Aid and Safe Lives on developing the Domestic Abuse Matters training). According to the HMIC (2014b), 7% of the calls to Essex Police for assistance are related to DVA and 48% of those calls are from repeat victims. That police officers in Essex frequently respond to calls for help in relation to DVA does not mean that they have a full understanding of risk, victims' needs, or the complexities of a range of situations they may be required to respond to. Indeed, it is worth noting that the statistics given are based on the forces own definition of calls for assistance; therefore we might suspect, that if there is not a complete understanding of the problem across the force, that a number of calls may not be accurately identified as being related to DVA; as such, the numbers may be higher in reality.

In his 2009 report, 'Thematic Review of the Essex Police Response to Domestic Abuse', the Major Crime Officer, stated that "unless they [officers] have recently completed Probationer Training or some other form of specialist [DVA] training, they may never fully understand these incidents even though they regularly attend them" (Essex Police, 2009:11).

A lack of understanding from officers can not only impact upon their response to victims and the levels of protection they provide, it can also impact upon the willingness of victims to communicate with attending officers (as suggested above in the literature review of ‘what victims need’), thus affecting any subsequent actions by the attending officers. It can be a vicious cycle that can have devastating effects for the victims and their families. Therefore, it is essential that police officers receive a good level of training as probationers and throughout their career in the force, particularly as society comes to accept that a wider range of abusive behaviours are included within the definition of DVA (as highlighted above). Officers need to be regularly updated on these developments; it should not be assumed that they are aware of them and understand them.

In the 2009 report, the Major Crime Review Officer discussed previous briefings he had given at divisional police stations along with the Domestic Violence Liaison Officers. He explains that they:

“outlined the extent of the problem which all too frequently ends in death or serious injury; explained the cycle of domestic violence; showed short video clips of interviews with victims who explained what it is like to be a victim; explained the various police powers to intervene; discussed the importance of multi-agency liaison, finally

setting out exactly what was expected of all officers dealing with such incidents” (Essex Police, 2009: 12).

He also reported that, as a result, “local performance and service delivery vastly improved”, but also admitted, “...that was more than twelve years ago” (Essex Police, 2009: 4). It is less than clear as to how the ‘vastly improved’ performance and service delivery was established – it is not easy to measure – however, it appears that there is knowledge of what may be considered best practice in terms of officer training. Encouragingly, in this case, the voice of the victim was included. However, it did not appear that this knowledge has been translated into action. Initial enquiries revealed that officer training in relation to DVA is often limited to computer-based training packages; notably, a method that the Major Crime Review Officer (Essex Police, 2009) did not think was satisfactory for officers to gain a full understanding of DVA.

One of the aims of this research was to *(g) review current officer training initiatives* in the Essex Police force with the aim of suggesting improvements. One of the key considerations was how an appreciation of victims’ needs could inform DVA training. As a result of this work, suggestions for improvement were made which involved inserting the voice of the victim into the training packages. Training packages that include the voice of the victim will help to improve the levels of officers

understanding in relation to the complex range of issues related to DVA and the levels of protection required in a range of difficult situations.

At the outset of the data gathering stage of the research, Essex Police conducted a trial run of a new three-day public protection awareness raising package (PPA course) to be demonstrated to key senior staff for feedback on its suitability for rolling out to frontline officers. The training package (it is important to note that the trainer was keen to point out it was awareness raising and not training) was commissioned by Essex Police's Public Protection Unit – DVA was just one of the fourteen Public Protection strands covered in the course (other strands included modern slavery, child sexual exploitation, hate crime and a range of other areas for which there would be some overlap with DVA). I was invited to attend and review the three-day course package and provide some early feedback to the trainer, as well as providing a report to the CC for early knowledge transfer. It was also deemed by the member of staff who commissioned the training package that it would be useful to have a non-police view of how the package might help to raise awareness amongst frontline police officers who deal with such incidents on a day-to-day basis. Indeed, attending the training course at the outset of the project helped to gain a real understanding of some of the issues faced by officers in responding to

DVA, as well as an understanding of how training packages may be improved to incorporate the needs and voices of DVA victims.

EP decided that the three-day PPA course would be rolled out and that all police officers (all ranks) and staff would be expected to take the three-day course at some stage; I was invited to take part in designing and delivering the content specifically for the DVA input. The design and content of the sessions put together by myself and a retired DVA police officer, allowed for some open and honest discussions about some of the difficulties faced by DVA victims and the police. Delivering on the three-day course, two to three times a week, over a period of 9 months was an excellent data gathering opportunity in terms of understanding the levels of knowledge among officers from all ranks/departments. Staff and officers had the opportunity to ask questions and told stories about their own experiences of responding to DVA – it really helped to *(a)consider how risk of harm to DVA victims is currently understood and applied in Essex Police*. These sessions were not recorded; therefore, data was gathered via field notes. Copies of the feedback forms, administered by the EP training school, were also taken and analysed. Participation in the course was also a great opportunity to engage in knowledge transfer, both in my capacity to present academic content and to share my experiences of being a victim

of DVA served by Essex Police. This activity helped to *(f)consider best ways of incorporating the insight of victims into police practice.*

Participant Observations

Being based at Essex Police, over a period of three years throughout the data gathering stage of the research, provided ample opportunity to observe the activity of police officers and other key staff working on DVA. This allowed for achieving a deeper level of familiarity with those who were part of the study and for witnessing a range of unanticipated events (Goffman, 1974). Participant observation, in the words of Goffman (1974), is:

“subjecting yourself, your own body and your own personality, and your own social situation, to the set of contingencies that play upon a set of individuals, so that you can physically and ecologically penetrate their circle of response to their social situation, or their work situation, or their ethnic situation, or whatever. So that you are close to them while they are responding to what life does to them. I feel the way this is done is to not, of course, just listen to what they talk about, but to pick up on their minor grunts and groans as they respond to their situation” (p, 125).

As suggested above, my involvement in the PPA course (for nine months),

which was eventually delivered to over 2000 frontline officers, allowed for the consideration of several issues in relation to police officers' attitudes, concerns and general understandings of DVA. Generally, it proved very useful to be situated within the workplace of officers who deal with DVA daily. Indeed, observations of police activities, from conference room meetings to the frontline response, has helped to *a) consider how risk of harm to DVA victims is currently understood and applied in Essex Police.*

It was the apparent benefits of taking an observational approach to exploring 'what police do' that led to the decision to rule out any formal interviewing of police/staff regarding understandings of DVA and their response to it. By immersing myself into the daily routines of both senior officers and frontline officers as they worked to develop policy and practice and/or respond to DVA victims in a range of contexts it was possible to *(c)identify better ways of measuring and monitoring risk to establish how further incidents may be reduced.*

During the course of the project I worked closely with police to establish a genuine understanding of their working lives; this involved analyses of both official and unofficial forms of language, practice, policy, leadership, and the various aspects of the institutional culture as they became apparent. As argued by Fielding, "ethnography's general orientation to naturalism means that most observation is informed by a stance of 'appreciation', of

trying to see things from the member's perspective" (Fielding (2001); cited in Gilbert, 2001: 155). Whilst this study is not claimed to be an ethnographic study of Essex Police, given the length of time I spent with police (over a three-year period), I became familiar with some of the challenges they faced in the policing of DVA and was able to discuss some aspects of it with them in a meaningful way. I approached most interactions with police within a context of appreciation and understanding so as to counter my own concerns regarding being biased towards police on the grounds of my own professional and personal experience. Undeniably, at times, this interaction involved sharing my own professional and personal experience, whether this was to engage in knowledge transfer or to question certain beliefs and practices. Whilst I consider my position to have been that of an advocate for DVA victims and for the drive in improvements to the policing of DVA, I have been mindful of my own perspective on the policing of DVA and the ways in which my own social circumstances might have impacted upon the things I have seen and/or reflected upon in the data gathering and analysis stages of the research. However, I have been open and honest about my professional and personal experiences throughout the project and have consistently attempted to be self-critical in my approach to analysis and interpretation (see reflective section below). I have sought to identify and counter any error or bias in my analyses, or at the very least, I have been explicit about

my interpretation of the data and have attempted to convey the findings in such a way that they have some meaning to the police.

In the main, the approach taken to data gathering and analysis was developed from the data itself rather than being based on my previous professional and/or personal experience; this helped to ensure 'subjective adequacy' (Bruyn, 1966). Whilst being concerned with ensuring subjective adequacy, it is also important not to become so preoccupied with it that the broader social structural issues that impact upon the policing of DVA, for example, gender and power, are neglected. It has been as important to note that the institution, the language, the culture, whilst not entirely resistant to change, are the products of previous generations; therefore, consideration must also be given to existing knowledge regarding wider social conditions within which social experience is played out (Layder, 1998). In an attempt to ensure accuracy and validity the analysis, therefore, involved triangulation (Denzin, 1970) – as well as participant observations, involving officers at all ranks from HQ to the frontline, a range of techniques were adopted – this included the analysis of external and internal reports (including restricted documents), policy documents, performance reviews, DASH forms, incident reports, call logs and any other relevant documentation that applied to the policing of DVA.

6.2 Researching ‘What Victims Need’

Literature Review

In order to establish ‘what victims need’ it was initially intended that this project would involve semi-structured interviews with victims of DVA in Essex. For a number of reasons, it was later decided that a change of approach was required. Firstly, the interviews that were intended would be just one aspect of a large and multi-faceted research project; therefore, there were limits as to the time and resources available for this activity. As such, only a small sample of women would have been included in the study. Secondly, it was considered that interviews with a small sample of women would be of limited benefit as it would not be possible to gather data that could reflect a wider range of diverse victims (e.g. age/ethnicity/socioeconomic status). Thirdly, it follows that it would not be possible, nor ethical, to make generalisations about improvements to the police service based on the views of a very small number of women that may not accurately reflect the whole community. Decision-making processes regarding improvements to the police service require a more inclusive evidence base.

Considering the above, in the first instance, a review of the literature was conducted (see previous chapter) – only research papers/reports that directly included the voice of victims and/or victim-informed perspectives were included in the literature selected for analysis. This approach allowed for a consideration of a more diverse range of victims and experiences in terms of age, ethnicity and background. The data included was from research conducted within the UK, internationally, and more specifically, the Essex region – many of the issues raised in relation to the policing of domestic abuse are not exclusive to the Essex region and/or Essex Police.

The literature used in the review involved reports and articles featuring mainly qualitative studies which had a focus on capturing the voices of DVA victims. For the purposes of this study, the general principal followed was that if the studies were included in peer-reviewed academic journals or conducted by a recognised NGO with significant experience of working with DVA victims, then the data would be included.

In terms of locating literature for the review, strategies were largely based on searching key words within electronic bibliographical databases. Referencing chaining also proved useful in the search for papers. Through links with experts in the field, as well as via social media (e.g. posts from Women's Aid etc), it was possible to pick up several relevant research papers. The papers included were not just victims talking about their

experiences of the police – searches brought up papers that were related to health care for example, yet some of these included victims accounts of their encounters with the police, the criminal justice system, and a range of relevant agencies involved in responding to DVA. Searching continued until no new relevant data was emerging. Searches were extensive and all studies that maintained appropriate quality standards and that included the experiences of DVA victims with police were included in the review.

The data extracted from the papers included direct quotes from victims themselves and some material from the discussion sections of the reports and academic papers. The data was analysed and arranged under headings – the headings were narrowed down to the themes that became apparent through repetitive active reading. It was deemed that these themes would be significant to the research and the question of ‘what victims need’. There was no predetermined specific review question; the approach was highly iterative, and this allowed for the themes to emerge from the analysis of the literature. The intention within this study was to produce insights that will help to deepen understandings of the victims’ experience of the police response to DVA and, ultimately, to *(b) identify the needs of DVA victims to establish how risk management may be more effectively aligned to risk factors.*

There was no specific review question and the approach was iterative. The rules applied to the review conducted as part of this study have been outlined above. These rules were flexible, however, they largely applied to a range of other data sources that were also included in the review. For example, tv documentary evidence was reviewed – this included families of victims who were murdered by their partners (see BBC, 2015 -*Love You to Death*). In this context, the voices are frequently those of the children of the victims. In domestic abuse cases the children's voices are often unheard. Yet their account is also key to considering 'what works' in responding to DVA. Whilst children were not a specific focus for this project, it has been acknowledged that a great deal more could be done to allow for a greater understanding of children as victims in the context of domestic abuse. More research is required on this issue in order to improve the police service to children – they are also victims in their own right.

Traditional academic studies on victims of domestic violence are just one way of bringing victim voices to the fore. In today's world of modern technology, there are now a range of ways we can learn about women's experiences of domestic violence and the police response. A range of online platforms - social media networks, forums, surveys and interactive discussion pages (including those facilitated by dedicated service providers such as Women's Aid) – provide opportunities for raising

awareness around key issues and areas of concern in terms of recognising and responding to DVA, as well as the opportunity for interested parties (including victims) to gain an insight into the experiences of others. These sources of data were also utilised in terms of gaining an insight into experiences and to inform the analysis of victims' voices (individual posts by victims have not been cited for ethical reasons but their voices did help to shape the project more generally).

Since the start of the project, several women (from Essex and beyond) have disclosed their experiences of DVA to me in person; this may be due, in part, to my own openness about my experiences of DVA. Aside from friends and acquaintances, at almost every public talk I have given about my research I have heard women disclose their own experiences of being personally affected by DVA and/or experiences of those working with victims and perpetrators. Knowing that it was my professional area of interest, some women have also referred to the police response to DVA. These informal conversations have also contributed to the themes within the analysis – these women were considered to be 'experts by experience' (a phrase I picked up at a conference from a DVA practitioner in Essex). Not all the women who have disclosed their experience of DVA mentioned their experience of the police; however, their insight was as relevant to the

research as the women who did mention the police service. It is as important to understand the needs of those women who may be reluctant to involve police services and to consider why they may feel that way (Day et.al., 2018).

6.3 The Pathways Approach – Methodological Considerations

It was through the analysis of pathways that the work on risk, ‘what police do’, and ‘what victims need’ could be brought together. Importantly, all three perspectives could be considered together within the context of a real-life police response to a call for help in relation to DVA. To be clear, the term ‘pathway/s’ within the context of this research, refers to the service/events from the point of the call for help in relation to DVA to the outcome of the initial response. In some cases, it was also possible to

consider subsequent actions and documentation produced by police officers and staff involved in ongoing investigations and/or safeguarding. The qualitative analysis of pathways allowed for greater insight into the frontline response to DVA and the ways in which this might impact upon DVA victims. It also helped to consider the ways in which ‘what police do’ might be more closely aligned to ‘what victims need’ and to make some recommendations that might add to current efforts to improve the policing of DVA through better risk assessment and risk management. This retrospective study of police records helped to identify the various intersections at which support was required (‘what victims need’) and the types of responses and interventions that were offered by the police at those stages (‘what police do’).

Considerable effort was made to establish an appropriate method of exploring and analysing the pathways. Notably, no precedent was found for this kind of qualitative analysis of pathways in relation to the policing of DVA. This could be due to the difficulties of gaining this level of access to police data and/or the complexities involved in attempting to apply systematic approaches to the qualitative analysis of police actions/files in relation to DVA. It was useful, however, to consider pathways research more generally to gain an insight on relevant research methods/practice in this regard and to take away some aspects of the techniques employed for

use in this research. Before moving on to an explanation of the approach taken in this research, the pathways research projects/approaches considered for their usefulness in terms of informing the development of this research are outlined below.

Pathways research has been established as a means of assessing the needs of service users and highlighting best practice in a number of sectors, particularly in the National Health Service (NHS). In the last few decades, the NHS, as well as the Police, have undergone significant transformations which necessarily involve the redesign and improvement of public service delivery. Indeed, assessing and meeting the needs of patients has been central to a significant programme of redesign within the NHS and in its partnership working with a number of outside agencies. Pathways research has been key to understanding how and where changes in the service needed to be applied in order to better serve the patients. The mapping of pathways can also help to improve the level of shared understanding regarding the service overall and the service users experience among relevant partner agencies involved in patient care. As argued by Mould et.al. (2009): “An important tool in understanding patients’ needs is the patient pathway” (p, 1). Indeed, Mould et.al. (2009) provides a very useful discussion on the process and the benefits of the approach:

“The process should develop a common understanding of the pathway capturing the physical patient journey, the flows of information and staff responsibilities. The mapping process itself can be most valuable, provoking debate so that the staff gain a greater appreciation of their role in the whole care system. The maps may be used to highlight duplicate and redundant activities, causing staff to question activities that do not add value to the patient’s journey or to re-examine established routines; this may involve comparisons with pathways from other hospitals, or specialties. Revised pathway maps are then developed and distributed, allowing staff to consider the proposals carefully before agreeing on the new design” (p, 1).

Whilst the NHS is a very different organisation to the Police, and patients have a very different set of needs to DVA victims, it can be argued that the pathways approach lends itself well to the exploration of ‘what police do’ and ‘what victims need’ in relation to the policing of DVA. Indeed, in this case, the study involved the analysis of pathways from the two guiding perspectives discussed above – ‘what police do’ and ‘what victims need’; this also incorporated a consideration of the presence of risk factors of organisational culture, and broader issues of gender and power.

The mapping of pathways can help to organise a range of information and documentation (Mould et.al., 2009:2); thus, highlighting to police officers, as well as partner agencies, the experience of victims and the possible route victims may travel through the service, from the initial point of contact through to the closing of the incident in police files. This can help to improve police officers' understandings of the victims' journey following their initial response to the call for help and the valuable input from partner agencies. There is also considerable potential for utilising the pathways as a training resource (Mould et.al., 2009:2) to demonstrate to frontline officers how their actions at various stages involving a DVA incident may impact upon victims, for better *and* for worse.

It seemed that the usefulness of victim pathways and/or process maps had been considered by EP at some point. During the course of the research, it was possible to gain access to a number of service and/or victim pathway/journey maps which were produced by EP. As these were included within restricted files, it is not possible to share them here. In the simplest form, these consisted of a 'plan on a page' process map of the police response to DVA charting the main stages of the process including, but not limited to, the call for help; attendance; risk assessment; information/intelligence searching, gathering and sharing; decision

making/options (crime or non-crime); through to safeguarding arrangements. Far more complex, was a map produced by EP charting the possible routes a victim journey may take – an iteration of this was pinned across the walls of the Public Protection Command Unit office at EP headquarters and spanned over several feet, to the point where any attempt to review it became meaningless. The complex mapping, layout and sheer size was such that it was not possible to conduct any kind of analysis of it, or to share it among police and practitioners for any beneficial effect. It was evident that the notion of a ‘common understanding’, as suggested by Mould et.al. (2009) in relation to pathways, had by no means been realised. As such, the maps were deemed unsuitable in terms of providing a basis for the pathways analysis in this research project. In fairness to EP, it was clear, through my own initial exploratory analyses of the various police systems and files, police processes and victims’ calls for help, that any attempt to produce a clear and simple visual map of a victims’ pathway within the context of a police response to a call for help would be difficult. As the purpose of this research was to challenge and/or change policy and practice it was essential that the frameworks for analyses and findings should be relevant to the police as well as comprehensible. This would be vital to the transfer of knowledge both during and beyond the research project. As noted above, Mould et.al.’s (2009) approach to the analyses of patient pathways was considered for its usefulness in terms of mapping

pathways in relation to service delivery and meeting the needs of service users within the public sector. Whilst the mapping of a recognised and commonly understood pathway was not deemed possible at the planning stage, the exploration was useful in terms of improving my own understandings as I embarked on the research. Despite these observations, it was deemed that it would still be possible, and indeed useful, to analyse pathway data from a number of perspectives which were relevant to the aims and objectives of the research. In terms of developing a framework for the analyses, it was necessary to explore a range of methodological approaches to pathways research. Those that were considered most useful for informing the analytical approach in this research are discussed below.

Lum's (2011) work on *The Influence of Places on Police Decision Pathways: From Call for Service to Arrest*, was considered for its usefulness in terms of highlighting the pathway as a series of decision-making points whereby police officers may use discretion. Lum (2011) operationalises a comprehensive measure of discretion, which she calls, the decision pathway:

“The decision pathway is a series of decision points that may occur for every incident to which an officer responds. Such pathways can include decisions about whether to initiate and/or respond to calls for service, stop an individual, dismiss a call, investigate further, write a report, make an

arrest, or increase or decrease the severity of a report or arrest charge. The decision pathway gives a more complete picture of what happens across the life of an incident, not just at the initiation of a stop or an arrest. Studying the life of an investigation may be more advantageous, as single decision points may overestimate or underestimate the impact that a legal or an extra-legal factor may have on discretion” (Lum, 2011:638).

Lum’s (2011) research involved sophisticated statistical analyses of 267,937 incidents (after data cleaning), including all crime and disorder (excluding traffic incidents), examining three decision-making points in the investigation of an incident. She concluded that place, as well as racial composition, significantly influences officers’ decision making; yet, she clearly states that in order to learn more about *why* these differences in response occur and to understand the reasons for the differences it would be necessary to conduct further research using qualitative approaches (Lum, 2011). From the outset, it was the intention in this research to learn more about police understandings of DVA and their response to those that call for help in this regard; this could only be achieved through qualitative research. Lum’s (2011) research was useful to consider in terms of the significance that was given to analysing the police response across the life of an investigation and the multiple decision-making points across what she calls the ‘decision making pathway’. In the analysis of pathways in this

research the multiple decision-making points were explored; for example, the outcome of the risk assessment and the ways in which this guided police officers' subsequent decisions regarding action or indeed inaction was a key consideration.

The pathways approaches considered above have as their focus the service given by the organisation/institution concerned. As it was also the intention in this research to consider the needs of victims in the context of a police response to a call for help in relation to DVA and the broader implications of institutional culture, gender and power it was necessary to consider pathway approaches that focus on victims of DVA more specifically. Browne (1991) considers "the pathways that must be in place in order to encourage the disclosure of victimization and to maximize the likelihood of a helpful response once a disclosure has been made" (p, 153). She notes that for a disclosure of DVA, whether it comes about as a result of a "dramatic first step" or a "series of tentative revelations, hints, and explorations", there should be a path to disclosure and intervention that is "worth walking" (Browne, 1991: 153).

"Victims have been making their way for years - sometimes at great risk - to the doors of mental health centers, police departments, and hospitals, only to find a serious lack of under-standing or sensitivity and to be confronted by gender stereotyping, victim blaming, and endless setbacks.

The benefits of setting out on such a significant course of action must hold at least some possibility of outweighing the perceived costs of loss, damage, and risk” (Browne, 1991: 153).

The observations of Browne (1991) regarding pathways to disclosure and intervention were useful in terms of the focus on victims’ experience and needs. Despite there being almost 30 years between the observations of Browne (1991) and this research, there are remarkable consistencies in the overall arguments presented. She notes the well-trodden pathways towards progress in terms of the overall improvements to responses to DVA which is largely credited to feminist activism and victims themselves (referred to as ‘pathfinders’); however, she also notes there is some way to go to further improve the response to DVA. We have, undoubtedly, come some way since the 1990s, however, the arguments presented within this thesis about the consistencies in women’s voices when asked about the police response to DVA are remarkably similar. Browne (1991) considers how we might design pathways for victims “to encourage positive steps and to make the paths to assistance more suited to the victims we encourage to walk them” (p, 154); she notes the complexities of doing so given the range of contexts within which a disclosure may occur, however, she does go on to suggest a range of broader improvements. These are summarised below:

- Clear paths from disclosure to intervention. ‘Next steps’ should be known, and the pathways should not exceed what the victims can endure.
- Avoid gaps in the pathway. Networking with partner agencies and provide links from resource to resource.
- Pathways should be as free from obstacles and confusion as possible with clear directions for how to negotiate the system.
- Have others/advocates, who have walked the path or know the process to walk with the victim.
- To take seriously the ongoing risk of violence and retaliation experienced by victims of DVA and work harder to provide pathways of intervention safe for those who choose to ask for help.
- To understand that victims will often walk the path, back and forth, in both directions, from disclosure and solutions and back to home and familiarity. “That, too, is the nature of pathways. It is our task to make sure that the avenues remain open to those who come and go; to those who need to retrace their old steps several times, before taking new ones” (Browne, 1991).

These suggestions posed by Browne in 1991 will undoubtedly resonate with a range of practitioners involved in responding to DVA and with victims of DVA themselves. As demonstrated throughout this thesis, these

issues are as relevant today as they were 30 years ago, and as such, these were all points of focus in the analysis of the pathways from the perspective of ‘what victims need’.

The final pathways approach worth noting for its usefulness in informing this research was from Sidebotham et.al. (2016) *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014*. For over ten years, the research team involved, from the University of East Anglia and the University of Warwick (with a large team of advisors from relevant government and non-government agencies and academics), have been working on Serious Case Reviews (SCR) in relation to cases where a child has been seriously harmed, abused, neglected and/or died and there is a cause for concern in relation to professional practice. The study noted here is the fifth consecutive analysis of serious case reviews in England, by the same team, during that time. The aim of their study was:

“to provide evidence of key issues and challenges for agencies working singly and together in these cases. It [was] also to provide the government with evidence of what is changing as a result of their reforms, and to identify areas where further change may be required to support organisations to learn from serious case reviews and to keep children safe”

(Sidebotham et.al., 2016: 11).

Summarising their key findings from the SCRs to date, they state that the system is working well for those with a child protection plan in place; however, they also note that almost two thirds of the children included in the SCRs had at some point been involved with children's social care at some level (Sidebotham et.al., 2016). They argue, with hindsight, that those cases had been closed too soon and/or lacked the ongoing support and monitoring for children and families with known risks and vulnerabilities (Sidebotham et.al., 2016). These issues can be linked to the policing of DVA and their observations concerning risk are of relevance to this study:

“While these most recent SCRs suggest there may be a good awareness of risk factors among staff across universal, early help and specialist services, they also suggest that practitioners are not always rigorous in assessing and following through on all identified risks including domestic abuse” (Sidebotham et.al., 2016: 12).

Whilst more would need to be learned, in this study, about police officers' awareness of risk factors in relation to DVA, this finding from Sidebotham et.al. (2016) emphasises the need to look across the pathway to explore the application of risk assessment/management processes as well as police officers' understandings of risk. It is also important to consider that there may be a gap between institutional policy and operational reality, in terms

of recognising and responding effectively to (ongoing) risk in relation to DVA. Throughout the analysis of EP's service to victims of DVA there was a focus on interpreting the ways in which risk is identified, understood and responded to from the top-down (e.g. policy) to the bottom-up (e.g. practice).

In relation to risk, Sidebotham et.al. (2016) also noted that "where the threshold for children's social care involvement is not met, there may be little analysis of risks of harm. Support plans may be unclear and can easily drift" (p, 12). It should be noted that this research included cases where a call for help in relation to DVA was made, regardless of whether the incident/s met the threshold to be considered a crime or not. Whilst no significance was placed upon the decision to classify the incident as a crime or not (as this was more of a legal matter which was not the focus of analysis for this study), there was an interest in the perceived seriousness of the incident/s and the impact this may have had on the categorisation of risk and subsequent decision making around ongoing monitoring of risk and/or safeguarding activity. Therefore, within this research it was worth considering whether the seriousness of the incident/s and the decision to record it as a crime or not had any clear impact upon the risk assessment and risk management processes, or the pathway.

Another point of note from the research by Sidebotham et.al. (2016) was their general observation regarding examples of good practice and the extent to which this may, or may not, achieve safety for victims. As stated by Sidebotham et.al. (2016), “throughout our review we encountered examples of creative and effective child safeguarding. For many of the children, the harms they suffered occurred in spite of all the work that professionals were doing to support and protect them” (p, 12). Notwithstanding the issues highlighted throughout this thesis regarding identified problems in the pathways of support for victims, it is also important to note that there may be cases where the individual actions of police officers did have a positive impact upon victims and their safety. In terms of guiding the analysis for this research, the comments from Sidebotham et.al (2016) served as a reminder that it is important to consider the examples of good practice that impact more positively on victims. It is also important to consider that in some cases, despite the appropriate application of professional judgement and the allocation of available resources, it is not always possible to protect victims from harm.

The overall approach taken by Sidebotham et.al. (2016) to analysing pathways was useful in terms of highlighting the need “to consider the opportunities for intervention within the overall context of the case and any recognised or unrecognised elements of vulnerability and risk”

(Sidebotham et.al., 2016:22). Their approach uses “a systems methodology to look beyond the detail of learning at an individual practitioner level to understand the deeper systems issues that may have led to the child’s death or serious harm, and setting this understanding within the wider context of the case” (Sidebotham et.al., 2016: 22). The SCRs and the systems methodology they utilised to analyse pathways was all part of a significantly larger research project than this one, involving a large research team who were able to refine the approach over many years. The systems methodology was not replicated in this study, therefore, there will be no lengthy discussion on this method here. Nevertheless, it is worth noting that Sidebotham et.al. (2016) cite the HM Government recommendation for its use in SCRs and they note its usefulness in terms of shifting away from individual blame and towards recognising flaws inherent in systems. As such, aspects of Sidebotham’s et.al. (2016) pathways to prevention and protection approach helped in terms of guiding this analysis towards a means of learning more about the understandings of DVA and risk at EP at the institutional level, not just for the individual police officers involved in the cases included for analysis. It was also helpful to consider where in the pathways there may have been opportunities for intervention and how these might be recognised and responded to, or not. This was helpful, not only in understanding more

about the status quo, but also for making suggestions to improve the service to victims of DVA.

Whilst none of the analytical frameworks discussed above were adopted in their entirety, some aspects of the approaches were selected to guide the analyses of pathways in this research. The following section will outline more clearly the strategy adopted within this research for the analysis of the pathways.

6.4 The Pathways Strategy

Whilst this study was largely exploratory, the table below demonstrates the points of focus which served to guide and inform the overall approach taken to the analysis of pathways in this study. As indicated, it draws upon the relevant aspects of the pathways research outlined above. The strategy for the pathways analysis involved the active reading and re-reading of all the pathways documentation. Free text was highlighted, by hand, using a colour-coded system whereby themes could be identified. The proceeding discussion highlights the ways in which the pathways analysis helped to fulfil the aims and objectives of the research project.

WHAT POLICE DO	WHAT VICTIMS NEED
<p>Consider decision making points and officer discretion across the pathway (as suggested in Lum, 2011).</p>	<p>Explore pathways for evidence of ‘needs assessment’ and/or whether the victims’ needs may have been met or not, according to themes developed in the literature review on ‘what victims need’</p> <ul style="list-style-type: none"> • victims need to be believed • victims need to be listened to and for the abuse to be taken seriously • victims need to be treated with respect • victims need officers to have some understanding, knowledge, and skills.
<p>Consider the range of issues highlighted below within the context of a police response to DVA (points of analysis adapted from Sidebotham et.al., 2016)</p> <ul style="list-style-type: none"> • Explore not only understandings of risk; also need to consider how this may or may not translate into rigorous risk assessment and/or ongoing monitoring of risk across the pathway. • Consider the extent to which the seriousness of the incident, including crime and non-crime cases, impacted upon the overall risk assessment, ongoing monitoring of risk and safeguarding activity. • Consider opportunities for intervention across the pathway and any unrecognised elements of vulnerability and risk. • Consider examples of good practice. • Consider that harm cannot always be prevented despite knowledge, skills and efforts of those involved in responding to DVA. • Consider understandings of risk and the police response to DVA at the institutional level rather than focussing on individual officers. 	<p>Consider the suggestions from Browne (1991) for designing pathways for victims that are worth walking.</p> <ul style="list-style-type: none"> • Clear paths from disclosure to intervention. ‘Next steps’ should be known, and the pathways should not exceed what the victims can endure. • Avoid gaps in the pathway. Networking with partner agencies and provide links from resource to resource. • Pathways should be as free from obstacles and confusion as possible with clear directions for how to negotiate the system. • Have others/advocates, who have walked the path or know the process to walk with the victim. • To take seriously the ongoing risk of violence and retaliation experienced by victims of DVA and work harder to provide pathways of intervention safe for those who choose to ask for help. • To understand that victims will often walk the path, back and forth, in both directions, from disclosure and solutions and back to home and familiarity.

The focus on 'What Police Do'

In this study, over 80 pathways were explored, from the first call for help through to the outcome for each incident. Pathways involving a range of outcomes were explored, including those that result in 'no further action' and those that are followed up with protective measures and referrals to external support agencies. This work involved the lengthy process of accessing police data across a range of IT platforms and databases, hard copies of the DASH forms and any other documentary evidence collected by the police in relation to the selected pathways - the processes for gathering and analysing documentation has been covered more specifically above. Essex Police had recently implemented the use of body-worn cameras for officers responding to calls for help from the public. It was possible to view some of the body-worn video (BWV) footage to learn more about the police response to DVA, however, it was decided, reluctantly, that this would not form part of the analysis at this time. This decision was based upon a number of relevant issues. Firstly, there was already an abundance of available data and it was important to be mindful of the need to draw the line somewhere. Secondly, it was discovered that there was a lack of consistency in terms of when and where BWV is recorded, how it is stored, and in terms of its accessibility – in short, it would not have been available for all the pathways included in the analysis.

Thirdly, it was not possible to download/extract the footage for analysis due to ongoing issues with the systems used to store the files. Notably, this was an issue not just in this study, but also for the police when attempting to share relevant BWV files with the CPS as evidence (see ref).

The tracking, mapping and qualitative analysis of a selection of pathways in this study revealed more about the process of police risk assessments and the subsequent levels of protection offered to victims in a range of circumstances. It allowed for the consideration of officers' decision-making in a range of contexts at various points across the pathway. This helped to fill some gaps in the knowledge concerning police understandings of risk and victims needs at various stages following a call for help in relation to a DVA incident. This enabled the researcher to (a) ***'Consider how risk of harm to DV victims is currently understood and applied in Essex Police'***.

A greater understanding of police responses to DVA and the impact on victims at various stages following a call for help can assist with the identification of best practice in terms of safeguarding victims and it can also help to inform the ongoing strategies for improvement of police performance in terms of preventing future incidents. As such, it was necessary to look, not only at the original incident which triggered the call for help, but also to look at how specific events since the initial call for

help (events may be police, victim, and/or perpetrator actions) may have impacted upon the risk of harm to the victims and the levels of protection offered by police. For example, it was useful to see how ongoing and changing levels of risk were managed. This analysis helped to provide some insight into the ways in which risk assessment processes were employed by the police, and more importantly, how they might be improved to allow for a more appreciative and continuous assessment of the victims' ongoing needs. This work helped the researcher to (c) *identify better ways of measuring and monitoring risk to establish how further incidents may be reduced*. It was also helpful to consider how far risk assessment tools incorporate 'needs assessment', or more importantly, if there is any room for 'needs assessment' at all given the demands on officers to follow the approved professional practice (CoP, 2015) for dealing with incidents of DVA. The following section highlights the ways in which the analysis was driven to incorporate a consideration of victims' needs.

The Focus on What Victims Need

In this study, the pathways approach to assessing the extent to which victims needs may or may not have been met within the context of a police response to DVA, was based upon the findings of the earlier literature

review and the themes identified as a result of that work. To recap, the themes identified via the victims needs literature review were: victims need to be believed; victims need to be listened to and for the abuse to be taken seriously; victims need to be treated with respect; victims need officers to have some understanding, knowledge and skills.

As noted above, the suggestions made by Browne (1991) in relation to ‘designing pathways for victims’ (p, 154) were also points of focus in the analysis of pathways from the victim perspective (see table above). This helped to determine if, in the last 30 years, the path really has become any easier to tread for victims of DVA who make a disclosure to the police. It also helped to reveal where there may be some enduring issues in terms of meeting the needs of victims within the context of a police response to DVA. This complimented the observational analysis whereby consideration was given not only to the interaction between police and victims at the micro level, but also to broader social structural issues which might have impacted upon the overall police response to DVA, for example gender and power.

It became clear from the outset of this study that gathering the data to look at a victims’ pathway in relation to one incident is not a simple task. To examine the pathway for just one DVA related incident, it was necessary to access a number of systems/databases (e.g. STORM; ProTect;

ATHENA). When the research began, the police force in question were moving over to a new IT system (ATHENA) which, in theory, could have made storing and retrieving information in relation to an incident easier. Unfortunately, the historical data held within the older database (ProTect) regarding previous DVA incidents were not transferred over to ATHENA. This made the tracking of a victims' history of DVA incidents difficult, not least for the purposes of this research project, but also for police officers who might have wanted to consider the victims' previous experience of DVA and police involvement as part of their assessment of risk. In meetings with key staff involved in the introduction, use and development of the new ATHENA system, it was noted that there is potential for it to be used to greater effect in reviewing DVA cases. Encouragingly, key members of staff were keenly looking at ways of doing this and discussing the benefits of doing so with me.

In line with the aim of this study to incorporate the voice of the victim, the tracking, mapping and analysis of pathways, looked not only at 'what police do'; there was also a focus on the ways in which the victims' voice (at various stages along the pathways) may or may not have impacted upon the levels of risk applied and the levels of protection offered by the police. This involved looking more closely at how victims may or may not communicate their needs to police officers following a DVA incident and

assessing how, and indeed if, the attending officers recorded and responded to any information offered in this regard. As previously noted, female victims are fairly successful at assessing their own levels of risk (Bowen, 2011); therefore, listening to victims' accounts of their situation and their own perceptions of risk may reveal more about the factors that should be taken into account by the police as they assess levels of risk. This focus on the victims' voice helped the researcher to *(b) Identify the needs of DV victims to establish how risk management may be more effectively aligned to risk factors* and to *(d) Evidence how victim voice might affect the levels of protection*. Furthermore, this work also helped the researcher to *(f) consider best ways of incorporating the insight of victims into police practice*.

6.5 Reflexivity

It is important to note the impact my own history may have had on this research. Having previously experienced DVA for 20 years in my own marriage, having dealings with Essex Police on several occasions in relation to my own victimization, I fully acknowledge that my experiences and values will have had an impact upon the research. I have been open and honest about my own experiences throughout the project. It is perhaps my own experiences of DVA that led to me being granted the funding and access to carry out this project; it was certainly a factor in being invited to meet with police to discuss the possibility of conducting this research. I have experience of being a victim of DVA and I have experience of the police response to DVA. However, I did not see my own circumstances as a concern in terms of the impact they had on the research and the construction of data for analysis; rather, I exploited them. To critics (I encountered some in the course of this project), this may be regarded as bias, however, my personal experiences of DVA, and the experiences of many women I have known, have contributed vastly to my understanding of DVA in both a personal, and a professional context. My 'insider' knowledge and experience of being a victim of DVA and my experience of the police response, brings a depth of understanding to the research and analyses that might not be achieved by an 'outsider'. This, to some extent,

offers a level of subjective adequacy (Bruyn,1966) that I did not have to strive to achieve, as I did with my observational research with the police. Therefore, I make no apologies for my own experiences and values and the impact they may have had on the research. However, I would like to stress that the aim of the research was the production of knowledge - knowledge that could add to current efforts for bringing about practical, positive change in the policing of DVA. As noted previously, the police have come a long way in dealing with DVA and now adopt a range of strategies which might be considered to be a vast improvement in terms of responding to DVA victims. However, the findings of this research demonstrate that there is a need to revisit and/or redesign the mundane everyday working practices of frontline officers who, often with little expertise and scant resources, are faced with the harsh realities of DVA daily – and they sometimes get it fatally wrong. The CC of Essex Police, and several other commentators, have called for more engagement with victims to learn more about their experiences in relation to the policing of DVA and to listen to their thoughts and feelings about how things might be improved. This research sets out with the clear aim of putting the voice of the victim at the heart of ‘what police do’ so that they might indeed gain a greater understanding of ‘what victims need’ in a range of complex situations.

Whilst this research was born out of a desire to instigate some sort of improvement to the policing of DVA in Essex, it is also recognised that there are limits to what can be done. The researcher also has 10 years of previous experience of working in the public sector (NHS) and is very aware of the demands on staff at all levels to perform at the highest standards without necessarily having the resources, training, or support, to do so. Scant resources are a problem for all staff working in the public sector and it is no different for police officers, particularly in the current financial climate in the UK. Therefore, the researcher has been mindful to focus on making recommendations for policy and practice that are practical, affordable and achievable for Essex Police.

It is perhaps useful to note here that it has not been easy to complete a qualitative research project of this kind in the current climate of evidence-based policing. The quest for statistical evidence concerning ‘what works’ is ardently followed (Sherman, 2013). Indeed, in the realms of academia, as well as policing, the attention to statistical measures and random controlled trials (RCTs) has been significant, to the point where I too questioned the value of my own approach to reviewing Essex Police’s response to DVA. The further I got into the project, the more I realised that there is undoubtedly a need for research of this kind, particularly in the context of evidence-based policing. It is not enough to simply count

our way to establishing ‘what works’ on the basis of preferable ‘outcomes’ and then labelling it a success. It is also necessary to look at people and practices, taking a qualitative approach to learning about interaction and meanings, and to learning more about the people who are involved in delivering interventions which are reported to ‘work’ as a result of RCTs and statistical analyses.

6.6 Ethical considerations

The researcher is fully aware of the ethical guidelines laid out by the ESRC and the University of Essex and the need to adhere to these throughout the project. An ethical approval form was submitted to the University of Essex in February 2015 detailing the research design as laid out within this thesis, for which approval was received. The ethical approval included interviews with police officers and victims, however, due to the abundance of alternative data, no semi-structured interviews took place. Before access to police files was officially granted, I was subject to full and thorough vetting by Essex Police. A collaborative studentship agreement and a data processing agreement was drawn up and agreed by the University of Essex research office and Essex Police (Police and Crime Commissioner). Throughout the research, the processes and procedures as laid out within these agreements were followed to ensure the confidentiality and

anonymity of police officers and victims alike. The data processing agreement also gave clear guidance as to the management of data gathered for the study. It was agreed that the data gathered could be used for the stated 'purpose' (the research design and dissemination plans were clearly stated as the 'purpose') and that all data would be anonymised prior to dissemination to ensure that no individuals could be identified. The processing and storing of data were also covered within the data processing agreement whereby all parties also agreed that the use and disclosure of personal data would comply with the provisions of the Data Protection Act 1998 and the Human Rights Act 1998.

In terms of the consent to use personal data as contained within police files, it was noted within the data processing agreement that Essex Police agree to the processing of police data for the research in order to assist them with fulfilling their obligation to maintain an efficient and effective police force. Nevertheless, there was no direct expressed consent from the police officers or the victims included within the files. At every stage, and in every situation, I sought to immediately introduce myself to all officers that I came into contact with during the course of the project, providing officers with an overview of the research, a brief personal profile, as well as explaining my presence on police premises. Therefore, my observations of police officers' activity, general behaviour, and attitudes towards

victims and DVA more generally were far from covert. As such, there were no real ethical concerns in relation to recording what was experienced in the field.

Therefore, aside from the formal agreements, as described above, there was a consistent effort to maintain a high level of respect for the privacy of those included within the files. Continuous monitoring and review of the methods of data gathering, analyses, and reporting, was carried out throughout the project. It is paramount to women's safety that confidentiality and anonymity is maintained throughout the research process and in any subsequent reports/publications (Ellsberg et. al., 2001). The need to ensure the anonymity of individual police officers and staff was also respected throughout the study. It was considered that the tracking and reporting of complete service pathways may lead to the identification of individual victims and/or police staff. Therefore, it was decided that no service pathway would be recounted in its entirety within the thesis, research reports, or any subsequent publications. All necessary procedures were followed in handling data held by Essex Police to ensure the confidentiality of police officers, staff and victims alike. Close contact with two experienced academic supervisors in the field also helped to ensure that all ethical issues were given full consideration throughout the

project and that any challenges in this regard could be discussed appreciatively.

7. DATA ANALYSIS/DISCUSSION

The following chapters discuss the main findings from the documentary analysis, observations and pathways analysis. In order to provide some context for the qualitative analysis of police files/activity this begins with a general profile of Essex Police which includes some initial reflections on their response to DVA as revealed in publicly available reports (e.g. HMICFRS, IPCC).

Essex Police Response to Domestic Violence

The table on the right is taken from HMICFRS and offers a basic portrait of the Essex region from the perspective of policing. The county of Essex covers over 1400 square miles and is geographically diverse – 75% agricultural land, 400-mile coastline, also a number of urban centres (e.g. Basildon, Chelmsford, Thurrock and Southend). There are major transport links in the county (airports and sea ports). Essex can generally be described as affluent, however, there are areas of deprivation. The significant variation in geography, infrastructure and socio-economic factors naturally has an impact on levels of demand for police services and the allocation of resources (see Day et. al., 2018 for more on this in relation to

DVA specifically). As of 31 March 2017, Essex

police has a workforce of 4,840 (2,819 officers; 1,925 staff; 96 PCSOs).

The workforce has reduced by 17% since 2010 (a slightly greater reduction than the 15% national change since 2010). Like most forces, the workforce in Essex is not representative of the local population. 2.5% of the overall

FORCE AREA 	1417 square miles	
POPULATION 	1.77m people	8% local 10 yr change
WORKFORCE 	75% frontline	78% national level
	2.9 per 1000 population	3.6 national level
	17% change in local workforce since 2010	15% national change since 2010
VICTIM- BASED CRIMES 	0.05 per person	0.06 national level
	Local 5 year trend (no change)	National 5 year trend (no change)
COST 	42p per person per day local	55p per person per day national

Source:

<https://www.justiceinspectorates.gov.uk>

Essex Police workforce are BAME (6.8% in local population according to 2011 Census). 42% of the overall workforce are female but many are not employed as frontline officers. The percentage of females by role is 30% officers; 63% staff; 52% PCSOs (HMIC, 2017b:5). Essex Police remain one of the most cost-efficient forces (currently the lowest cost of policing nationally) – the shortfall in funding increases the complexity of providing a good level of service to all residents and businesses across the county. Clearly, improving the quality of police services in Essex necessarily involves maximising limited resources. The force is keen to maintain its levels of efficiency but what does this mean for victims of DVA? Unsurprisingly, during the course of this research project, a lack of resources was identified as an issue affecting the response to DVA. Whilst a lack of resources, particularly in the context of austerity measures, is increasingly of concern, it is not helpful to reduce all problems with the policing of DVA to a lack of funding and/or limited resources. As highlighted above, there are some longstanding issues with the policing of DVA which are not related to funding or resources.

In recent years, Essex Police has been the subject of scrutiny and criticism for their performance in responding to DVA. The Independent Police Complaints Commission (IPCC) have investigated Essex Police handling of DVA in at least three domestic homicide cases (since 2008) where it

was found that each of the women (see below) had contact with the police prior to being murdered.



Essex Police were heavily criticised for their handling of these cases by the families, victim advocates, NGOs, the media and professional inspectorates. In one case the IPCC reported that, despite police officers demonstrating “a sound understanding of domestic abuse and risk”, evident in their original approach to the situation, “there was no continuity or consideration of ongoing risk” (IPCC, 2013; n.p.). In another case, the IPCC also found that there was a “lack of clarity in Essex Police’s domestic abuse policy and working practice” (IPCC, 2013; n.p.). In another “the investigation identified a lack of adequate training, insufficient resources allocated to DV cases and poor oversight” (IPCC, 2013; ; n.p.). As a result

of highly publicised cases such as these, Essex Police, as well as a number of police forces across England and Wales, have implemented various strategies to improve their services to DV victims.

The Chief Constable of Essex Police (at the time of writing), has been in post since May 2013, he is committed to improving their response to DVA and has developed and implemented a range of initiatives. HMIC (2014b) report that “the Chief Constable has demonstrated effective and visible leadership in taking personal oversight of the improvement activity, strongly supported by the police and crime commissioner” (p, 7). Recent initiatives in Essex include information sharing with relevant partner agencies (e.g. social care and IDVA services), intelligence gathering, video equipment and victimless prosecutions; all of which require scrutiny and understanding to establish what is successful and what is not. Despite the intent of the Chief Constable and recent improvements in Essex, HMIC have reported ongoing concerns regarding the policing of DV in the force.

“The service provided to some victims remains fragmented and patchy. The force is committed to establishing a domestic abuse crime unit that will manage both investigations of domestic abuse related crimes, and provide support to victims. However, this is taking some time to put in place” (HMIC, 2014b: 7).

The Chief Constable of Essex Police recognizes that there is still room for improvement in the service to DVA victims. As part of his continuing efforts, he also commissioned the Criminal Intelligence Analysis Department to create a quantitative Domestic Abuse Problem Profile (DAPP). The DAPP is used to inform relevant staff of the scope of the problem locally and to inform decision making. Its overarching purpose, to reduce the number of victims; with one of the aims to include the ‘voice of the victim’ in considering ‘what works’. Indeed, one of the areas of concern highlighted in the recent national review of the policing of DV was the “...extremely limited systematic feedback from victims about their experience of the police response” (HMIC, 2014a:7). This highlights the need for victims’ experiences of the police response to DVA to be taken seriously. Any attempts to improve the service to victims should involve full and thorough consideration of the experiences of victims (Stephens and Sinden, 2000) regardless of whether there is a full criminal justice outcome or not.

Each of the 43 police forces in England and Wales are assessed annually for efficiency, effectiveness and legitimacy (PEEL) and the HMICFRS produce annual reports at the national and individual force level. In the latest PEEL inspection of Essex Police for effectiveness, it was reported that in the 12 months to 30 June 2017, Essex Police recorded 17 DVA

incidents per 1000 population and DVA as a percentage of all recorded crime was 12% (HMIC, 2018). Essex Police were assessed as ‘good’ at protecting vulnerable people and supporting victims, noting that the force “continues to improve in this area and it is clear that the force has made considerable efforts which are now reaping rewards” (HMIC, 2018:16). It was also noted that in the 12 months to 30 June 2017, Essex Police arrested a high proportion of DVA suspects (55 arrests per 100 DVA related offences) when compared to the rate across England and Wales (46 arrests per 100 DVA related offences) (HMIC, 2018: 17). This suggests a proactive approach to dealing with DVA suspects; however, it should not be assumed that arrests are made to support vulnerable victims. As well as arrests, longer term preventative measures (e.g. referrals to perpetrator programmes) are required to reduce the risk of further harms to victims and families. In the HMIC’s 2014 review of *‘Essex Police’s Approach to Tackling Domestic Abuse’* it was highlighted that “The Essex Change programme for perpetrators of domestic abuse reported that they had not – in five years – had a single referral from the police, despite the fact that 80 percent of their referrals in the previous 12 months had police involvement” (p, 21). There have been several media campaigns in Essex in recent years to encourage referrals to DVA intervention programmes which aim to address mainly male violence towards women (e.g. the ‘Reflect’ campaign aimed at perpetrators, encouraging them to reflect on

their behaviour and participate in ‘The Change Programme’). Whilst the emphasis on addressing the behaviour of perpetrators might be welcomed, some of the media campaigns aimed at victims have not been so well received. In 2015, a student safety poster campaign from Essex Police was criticised for ‘victim blaming’ due to the focus on young women as victims and the ways in which their actions might increase the risk of (sexual) violence (see Sommers, 2015). In December 2017, Essex Police were again publicly criticised for a media campaign aimed at older DVA victims - there were concerns regarding the suggestion from Essex Police that victims might stay safely in a relationship that is or had been abusive (see Topping, 2017). So, despite some progress, it seems that there is still a general lack of awareness and understanding regarding violence against women and girls and the risk of harm to victims. This research aimed to highlight the experiences of victims through an in-depth analysis of Essex Police files, looking at individual cases from initial contact through to a recorded outcome. The main findings are discussed throughout the data analysis chapters which follow.

7.1 WHAT POLICE DO?

Observations

During the course of the project (2014 to 2017) a great deal of time was spent at Essex Police HQ and local police stations. This was largely due to the need to be on police premises to access the data for analysis. Many of the scenarios/situations observed were not formally arranged as interviews and/or observations so might have been considered by EP officers and staff to have been outside of the context of the research. Most people I came into contact with knew about the research, however, there were numerous occasions where it was possible to view interaction between officers and staff at EP HQ without them being aware of my ‘outsider’ status – I moved around unaccompanied, I wore an ID badge which looked like any other, and I was sat at a computer at HQ – there would be no reason for anyone to think I was anything but an officer or staff. I was never challenged regarding my status or why I was in a certain place at a certain time; neither did officers seem perturbed by my presence most of the time. Some officers had no knowledge of my reason for being there. This allowed for valuable data collection. There were many opportunities to gather data, including conversations at HQ and police stations, training sessions, CPD days, briefings, planned and ad hoc meetings with key staff, coffee/cigarette breaks, and not least the mundane

trivialities of the daily routines at EP. It is not possible to cover the depth and breadth of DVA policing activity within this chapter; therefore, each of the subsections within this chapter should be viewed as summaries and examples of just some of what was observed. By no means is it intended to represent the full extent of ‘what police do’ in relation to DVA. In order to be as transparent as possible about the approach taken to looking at ‘what police do’ and to be clear about the basis for interpretations of their activities, this chapter also includes some important points of reflection.

Public Protection Unit – The ‘Top-down’ Approach to DVA

Over a period of 9 months a space was provided within the office of the command team for the Public Protection Unit based at EP headquarters. This is where the project started. Attending on 3 to 5 days a week it was possible to observe the ‘top down’ delivery and development of policies, procedure and practice affecting the response to DVA in Essex. It was also possible to observe the mundane, everyday interaction among police and civilian staff within the command team, as well as those who were visiting and/or attending for meetings.

As an ‘outsider’, it was the issue of rank that first revealed itself as a predominant feature of the working of the place. To someone without any work experience in a police and/or military context this led to some awkwardness (on my part at least) – for example, being the only person to refer to senior officers (e.g. Chief Superintendent) on a first name basis rather than ‘Ma’am’ or ‘Sir’. This, among other things, was a constant reminder, to me and perhaps others, of my position there (or the lack of one). Although, I was granted access to be there on the basis that I was conducting a research project at the invitation of the Chief Constable, whom I would also be reporting to directly. Therefore, it is unlikely that many people forgot about my reason for being there – even if they did appear to largely accept that I was there with good intentions – at least most of the time.

It was not just at the level of name/title that rank was a defining feature of the department. Some less senior officers and support staff appeared to see it as part of their role to provide hospitality services to the chief officers – e.g. making tea/coffee upon their arrival into the office and offering to go and buy their lunch from the local shop. The extent to which policing more generally has transformed from a police force to a police service is questionable on a number of levels. But for some, particularly long-serving officers and/or those with a military background, it would appear

that even the everyday mundane trivialities of making the tea is carried out on the basis of showing respect for rank. In a meeting with a senior officer, he stated that it would be a shame to miss out on potential candidates with a military background if it should transpire that all new entrants to the police were required to be university graduates. A part of me could not help but feel this comment was made to somehow express that university graduates would be less suitable for the role of a police officer – this was suggested more than once throughout the research. Knowing that he was sat opposite a university graduate that was reviewing the organisations response to DVA, I also felt that it was a defensive strategy and potentially one which might also serve to emphasise my lack of experience in such a role. One might appreciate how military-style staff structures, operating procedures and practices might contribute to efficiency in large organisations – particularly the police, whose culture, as alluded to previously, prefers “law enforcement functions in which prospects for action and resulting arrest are higher” (Buzawa et. al., 2012: 124). However, this may not always equate to effectiveness, particularly when dealing with vulnerable people and more specifically DVA victims. For those officers with a strong sense of mission (Reiner, 2012), this is likely to supersede the need for empathy and social skills in dealing with the complexities of DVA and supporting victims and their children/families at the scene as well as considering ongoing risks. Neither does it fit with the

more traditional, or one might argue, ‘mythical’ (Buzawa et. al., 2012: 125), ‘crime fighting’ image of the police – mythical because powers of arrest have been found to be used infrequently despite the alternative versions of policing that might be presented in the canteen (Waddington, 1999). For those who joined the police with the ambition to be a ‘crime fighter’, responding to vulnerability is perhaps something they did not consider would be a substantial part of their role – as has been argued, “they almost uniformly dislike non-law enforcement tasks” (Buzawa et. al., 2012: 124). In any case, many officers resent being required to carry out duties they regard to be ‘social care’ – during the course of this research, several officers reminded me that they were ‘not social workers’. This is a long-standing issue that relates to the occupational culture; as argued by Buzawa et al. (2012),

“it has been a truism that police were socialized from their earliest training into a culture that did not highly value ‘social work’. A new recruit, to be an accepted member of the police or as ‘one of the boys’, was required to adopt this occupational code. Key elements of this cultural norm included the protection of other officers, admiration of a ‘good pinch’ or a ‘good collar’ by a fellow officer, and explicit acceptance of the same normative framework as other officers as to what constitutes ‘serious crime’. The bias

against social work still existed among law enforcement as recently as the late 1990s” (p,125).

Despite the HMIC’s recent claim that there had been a positive ‘change of mindset’ (HMIC, 2016) at EP in terms of recognizing and responding to vulnerability, it is difficult to see how this might apply to all officers given the deep-rooted aspects of police occupational culture and its resistance to change. The HMIC’s (2016) assessment of EP’s ‘change of mindset’ occurred over a period of less than a year following a previous grading of ‘inadequate’; however, it is unlikely that long-standing problems associated with the occupational culture can be eradicated so swiftly. Admittedly, during the course of the research, it was clear that vulnerability was a point of focus within the PPU. Visible efforts were being made at EP to improve their performance in terms of their approach to vulnerability, in particular to DVA victims. However, training is key to positive developments in this area and there is little evidence that the training received by officers has moved on in any meaningful way – neither police probationer training or CPD training appears to be sufficient for transforming a deeply embedded cultural code of practice.

With vulnerability only recently being placed firmly on the agenda at EP, it is now becoming increasingly clear to officers that they are required, as

part of their everyday roles, to consider a range of safeguarding issues as well as criminal justice matters, whilst not forgetting that they are dealing with vulnerable victims – not just incidents or cases. Despite recent ‘top-down’ attempts to encourage officers to respond more effectively to DVA, it is difficult to see how, from the ‘bottom-up’, they will come to value instances of successful interventions in ‘private’ disputes (Stanko, 1989 in Buzawa et. al., 2012:125). In an environment where arrests and resolved cases/incidents are likely to have the most occupational value to an officer (Hoyle and Sanders, 2000), DVA is always likely to be seen negatively. A positive response for a DVA victim is not necessarily based upon an arrest having been made (Hester, 2006). Satisfaction with the police response is a complex issue, but it is more likely to be the level of service, support and protection DVA victims receive from the police that leads to a positive judgement in terms of the police response (Hoyle and Sanders, 2000; Robinson and Stroshine, 2005). So, victims’ and officers’ criteria for assessing police performance are often not even closely related. This can make the task of aligning ‘what police do’ with ‘what victims need’ extremely difficult. Conflicting views on what might be a positive outcome also has the potential to negatively affect any attempts to review and improve performance. In other words, the police are likely to be reviewing their performance based upon system requirements rather than victims’ needs.

Within the PPU command team, there was a definite sense of needing to meet performance targets and/or being prepared for HMIC inspections. It was remarkable how frequently EP were subject to HMIC review. The HMIC reviews and subsequent revisits (where necessary) were rapid and one might reasonably argue that they were less than rigorous (using academic research as a benchmark) in their assessment of public protection policing. Performance and quality appeared to be constantly in the mind of senior officers – at least in those areas where they had been found to be lacking. The defensive aspect of police culture was evident – there was also a sense that they were constantly chasing their tails looking to satisfy the demands of meeting HMIC inspection criteria rather than ensuring the implementation of policies and procedures which might have a real and long-lasting impact in terms of operational reality. In 2015 the HMIC graded EP as ‘inadequate’ at protecting those who are vulnerable from harm and supporting victims – the grading had a visible impact upon the PPU command team. Videos of BBC news coverage highlighting the four forces rated as inadequate, including EP, were played on pc’s in the office and there was a real sense of disappointment and discouragement in terms of their role in the public protection unit. Interestingly, in the earlier drafting of the research proposal for this project, it was the word ‘inadequate’ that a senior officer personally asked to be removed before forwarding to the ESRC for approval. He called me personally on my

mobile phone to request this on the basis that EP had made significant improvements in recent times and he did not think the term ‘inadequate’ was an accurate reflection of their current levels of service and provision. In the interest of developing a collaborative partnership (and to gain funding and access!) the word was removed from the proposal; however, on reflection, it seems, following the HMIC grading, that it was indeed an accurate reflection of EP’s ongoing performance in terms of responding to vulnerability in general.

The findings of HMIC reviews and the issue of performance appeared to be constant sources of concern within the PPU command team. Policy and procedure reforms were implemented both as part of a strategic change project and in response to HMIC reviews and recommendations. For example, there was a great deal of discussion on secondary risk assessment processes (DVA trained staff reviewing risk assessments previously completed by frontline officers) and how these might be limited. It was in the summer of 2015 that EP decided that they would no longer undertake secondary risk assessment of medium risk cases in the DVA unit. Concerned, I immediately enquired about the rationale for this decision and asked what it was based on. The response given by a senior officer at the DVA unit was merely that it was based on the contents of a recent report produced by the strategic change team – no further information was

offered, and I had to locate the report myself. I was given access to the report by another officer, and upon reviewing the report (restricted access), there was no clear indication of the rationale behind the decision to remove secondary risk assessment of medium risk cases; however, it might be reasonable to assume that the decision was based on the need to limit the amount of repeat processes. The report stated that victims had expressed that they were frustrated with repeatedly answering the same questions; so, it may be argued that the police were responding to the needs of victims in this regard. However, the removal of a secondary risk assessment for all medium risk cases immediately and significantly reduced the backlog of work in the DVA unit – an accomplishment in terms of meeting performance targets! At least in a statistical sense...but not for victims. Without the scrutiny of more experienced DVA unit staff, risk assessment and risk management processes would be the responsibility of the responding frontline officers who may or may not have the knowledge, skills and/or resources (e.g. time) to carry out this role effectively.

In a meeting with senior officers it was claimed that they had ‘got the high-risk workload down’ within the DVA unit and that they had the capacity to do more overall as a result. It is concerning that reducing workloads might be an aim given the impact of DVA on all victims, not just those who are deemed to be high risk. Also, how might the reduction in

workload have occurred? A genuine fall in the number of high-risk cases? Or different ways of defining, assessing and/or categorising risk? In the PPU command unit I heard discussions on how the definition of high risk might be altered to reflect that the risk of serious harm is ‘imminent’, rather than the standing definition which stated that the risk of serious harm could happen at ‘any time’. In other words, it was an attempt to single out only the highest of the high for safeguarding by the DVA unit – to express this, a senior DVA unit officer stated that these would be the cases where ‘*she might be dead by morning*’. Upon expressing my concerns about the manipulation of definitions of risk, I was alerted to the limited resources and told by the same senior officer that “*if everyone is high risk, then no one is high risk*”. Admittedly, there are not the resources to offer a full level of protection and support to all DVA victims and there does need to be some way of identifying those who need it most. However, this should not be achieved through the manipulation of the definitions of risk to ensure that fewer high-risk cases are referred to the DVA unit. One might arguably support such a move in an organisation where there is a good level of knowledge and understanding among all staff regarding risk to DVA victims – this cannot be said of the police.

Unsurprisingly, the HMIC raised concerns about the lack of provision and focus in relation to medium risk victims in their 2015 visit. It may also be

worth noting that in the 50 high-risk reviews undertaken as part of this project, only one medium risk case was increased to high risk by the frontline shift sergeant which would be the only kind of secondary risk assessment for those assessed as medium risk by response officers. All other increases to high-risk were found to be made by DASO's (domestic abuse safeguarding officers) based in the DVA unit. It was not always clear how the cases came to the DASOs attention given that they were no longer secondary risk assessing medium risk cases, but I was told that administrative staff, responsible for uploading information to IT systems, were upgrading risk in a number of cases due to their own knowledge and experience of DVA cases. This was an activity that was not formally an approved practice. Indeed, the source of the information was keen for it not to be shared with the head of the DVA unit. This lends further support to the notion that the reduction in high risk cases mentioned previously by senior officers might have been due to the 'top-down' influence on risk assessment processes, where workloads appear to have been a primary concern, rather than a genuine decrease in high-risk cases.

Force Control Room – The Initial Point of Contact

As the analyses of police files was conducted via a pathways approach, the call log (accessed via STORM database) giving details of the initial point

of contact was the starting point. I visited the force control room (call centre) on just a few occasions, however, I did, with the permission of the senior officer, take the opportunity on one occasion to observe a full shift in the FCR. I was paired with a call taker and was given a set of headphones, allowing me to listen in on the calls taken by her. It was also possible to talk with staff about their role during times when no calls were being patched through. The call taker adopted a mature and skilful approach to responding to some difficult calls. Vulnerability appeared to be at the forefront of the call handler's mind – this is perhaps due in part to the new emphasis on vulnerability within EP, as well as the fact that I was listening in and observing her actions. She remained professional throughout (the call taker at the next desk was browsing the web in between calls) – there was a real sense of genuineness rather than a sense of acting out for my benefit. She also spoke about the lack of trust and appreciation she felt that EP had for FCR call handlers. She suggested that the low wage was not reflective of the knowledge and skill the role requires and that processes such as THRIVE gave her the sense that they were not trusted to use their professional judgement. THRIVE is a type of risk assessment tool – it stands for Threat, Harm, Risk, Investigation (opportunities), Vulnerability (of victim), Engagement (required to resolve issue) (see HMICFRSS, 2019). Aligned with the broader National Decision Model (see College of Policing, 2014), THRIVE was developed

by West Midlands Police and has now been adopted by most forces as a means of consistently assessing risk, as well as assessing the profile of demand and resources required (NPCC, 2017). At its simplest, it might be described as a type of triage system whereby calls for help, at the first point of contact, are filtered into categories which determine the level of priority response and the allocation of resources. So, given that it is a tool developed by police with system requirements in mind, it could be argued that it is more about demand reduction than it is about risk assessment. Interestingly, the National Council of Police Chiefs (2017) report that “the consensus is that it should be used as a risk assessment model with the potential bi-product of a reduction in demand” (p, 46). This perhaps opens the door for risk assessment tools more generally to be seen as a means of reducing demand. Either way, it may be argued that it is still essentially a ‘rationing device’ (Radford and Gill, 2006) and without appropriate levels of training regarding different forms of vulnerability and risk factors it is difficult to see how such a tool ‘works’ in terms of risk assessment/management. It is not difficult to see how standardised tools designed to guide decision-making might provide staff with a rationale for their decisions in response to a call for help; it offers something in terms of accountability. However, rather than empowering staff to use their professional judgement, something that the NPCC (2017) stated was a need, it can, as highlighted during the observation, leave staff feeling that

their professional judgement is undervalued. This can then perhaps counter the broader aims of trying to ensure that all staff recognise risk and vulnerability.

It was EP policy that calls for help in relation to DVA should not be subject to triage via THRIVE – encouragingly it was deemed that all calls for help in relation to DVA should receive a police response, whereby the perceived level of risk would determine the prioritisation of resource allocation. However, it appeared that this was not clear to all EP officers and staff; this demonstrates a lack of consistency in terms of understanding the application of the THRIVE tool and in the training of staff who might be expected to apply it. Audio recordings of a 999 call can potentially provide evidence for what was going on at the scene prior to the police response and may guide any subsequent investigations – although it should be noted that it should not be used as a means of screening to decide if and when an officer might be dispatched – call screening has previously been found to have a negative effect with many calls not being responded to and/or delayed significantly (Buzawa et. al., 2012). A 999 call from a teenage girl calling for help in relation to DVA was played at some sessions on the PPA course and at a vulnerability conference held at EP. The audio included the girl's account of the physical abuse her father was

inflicting on her mother at the time of the call, as well as some background information regarding previous serious abuse. The girl mentions that her father keeps a gun and that she is scared he will find her on the phone to the police, but states that this is what her social worker told her she should do. The skill of the call taker in trying to keep the girl calm and to provide information while on the phone is evident. When the girl tries to hang up as her father is coming, the call taker asks the girl to hide the phone but keep the line open. The audio continues once the girl has hidden the phone and the girl can be heard being slapped and verbally abused by her father for making the call. Whilst there is not always evidence, such as that noted above, in each and every 999 call, there is an opportunity to gain insight into what was happening that triggered an emergency call for help and what happened prior to the police response. The 999 audio might also stand as a reliable piece of information when assessing risk given that victims do not always express this fear when later asked about it in the DASH risk assessment (this was noted in the pathways analysis and in discussions with a DVA detective). It is clear that call handlers play a significant role in terms of determining immediate risk levels and prioritising resource allocation. They do this through listening to victims and asking questions about the reason for the call. There is scope for police to do more at this stage in the response to DVA – gaining the insight of victims from the first point of contact and communicating this information

to responding officers is a crucial first step in assessing and managing risk. Getting this right, necessarily requires a good level of knowledge and understanding around DVA.

It was noted in the analysis of the pathways that victims and/or those that call for help are frequently expressing fear of some kind at the initial point of contact. This information may not always be adequately relayed to response officers. One of the initial questions on the DASH (2009) is “Are you frightened?”, it is a key indicator of risk. On occasions where a victim has expressed fear in the initial call for help, they may then later go on to respond ‘no’ in answer to this question at the point of the DASH risk assessment. Therefore, it seems that it is key to gain as much information from the victim in the moment when they are expressing genuine fear and are asking for help. There is no suggestion that call takers are not encouraged to do this, however, it seems that there is a lack of attention paid to the initial 999 call once the officers have been dispatched. There is no standardised requirement to listen to the audio at the response stage, or indeed the investigation stage, although this was a suggestion put to officers as part of the Public Protection Awareness (PPA) course input on DVA. The PPA course was one of the only courses that was to be delivered to all staff and officers across the force. It was clear during the course of this project that the extent to which staff were trained around DVA was

varied – some staff had only probationer training to draw on, whilst others had received more dedicated DVA training sessions.

I spoke about DVA training with a call handler in the FCR – she also shared with me the documents she had retained from the training which she said she can refer to as and when necessary. This was evidence of her commitment to developing and retaining her knowledge on DVA as well as her desire to carry out her role effectively. On reviewing the training documents, it was evident that the FCR staff had independent DVA training input. Whilst it may be beneficial to tailor training to address the specific roles of staff (in this case call handling), there can be drawbacks to such an approach in that the force wide understanding of DVA and associated processes and procedures might differ. Where different teams have had different training around DVA there is likely to be different understandings of risk and vulnerability as well as different understandings as to the level of response required. This can lead to problems for staff as each new officer/staff picks up a case at various stages in the pathway; it can also lead to problems for victims if their risk is not understood in the same way throughout the pathway. The need for more dedicated professional training around DVA does not go unnoticed by some senior officers. I was approached more than once by senior officers regarding the possibility of getting DVA training for their teams.

Frontline Response – The ‘Bottom-up’ Approach to DVA

Observations of frontline response officers were conducted within police stations, briefings, meetings and ride-alongs. At a handover briefing I attended I was struck by the visible lack of resources to respond to demand in the area. The sergeant taking over the shift dispatched officers to incidents that were ongoing at handover; one stabbing with a victim in critical condition (the scene had to be preserved and the victim guarded as suspects were still at large); a vulnerable teenage CSE victim who was constantly running away was being chaperoned at a hotel for her safety – it was explained that social services were unable to take on this role, therefore police could not leave the teenage girl unprotected. By the end of the briefing only the shift sergeant and I were still standing once the officers were deployed to ongoing incidents. It was evident that there was little capacity to respond to new incidents with the limited resources available. Incidentally, a DVA incident did arise where the sergeant and a police constable (PC - started later in the shift) attended along with myself as an observer.

On our way to the DVA incident the PC shared her own knowledge and experience of the couple who were involved in the incident. She expressed that she knew the pair and that the female would be unlikely to support

police action – within this and other studies it has been found that officers express frustration with victims who do not support prosecution (Hoyle and Sanders, 2000). Upon arrival, both the female and the male were complaining about the upstairs neighbour and his guests, giving the impression that it was a dispute with them rather than between themselves. The officers asked if they had been arguing and the woman stated that there was some shouting and a row about her partner having come home from the pub drunk, but that there was no abuse. It was possible to see that the woman had red marks on the tops of her arms and it appeared as if she had just brushed her hair (this was particularly noticeable as she was not very well kept otherwise) – officers did not appear to notice the marks on the woman's arms, at least they were not heard to ask the woman about them. It was also evident that the woman and the man had been drinking alcohol. The female stated that her partner had come in from the pub drunk and was angry about the upstairs neighbour. She also stated that they were moving during the next week and would not have to put up with the neighbour anymore. The female was asked by the officers if there had been any abuse from her partner, however, this was done in front of the male who was also denying any abuse took place. Both the male and the female were keen to convey that it was nothing more than a verbal argument. The officers did not separate the male and the female and no DASH was completed at the scene.

I went with the other male officer who went to speak to the upstairs neighbour. The man upstairs confirmed there had been an argument between himself and the downstairs neighbours due to them insulting the neighbour's guest/s. In particular, it was alleged that 'hate' comments were made about the sexuality of one of the female guests. The upstairs neighbour stated that he had experienced racist abuse from the pair before but that he was not prepared to accept them insulting his friends. The upstairs neighbour was not pressing for the police to act – he merely asked that they speak to the downstairs neighbours about their behaviour.

One cannot help but consider the pressure on officers to respond quickly to such incidents given the scant resources – as previously stated, the officers on duty had all been dispatched for lengthy tasks at the beginning of the shift. However, one must also consider that the female may have been more willing to talk about what had happened had she been given the opportunity to speak freely without her partner around. Victims clearly express a need to be listened to away from their partner (STADV, 2002). A failure to see the importance of speaking to women away from their partner suggests a lack of understanding as to the risk of harm to DVA victims. It is also regrettable that the DASH was completed back at the station after the officer had left the scene. Admittedly, the female expressed that she did not want to pursue any police action, for many

women this is not the desired outcome (Hester, 2006; Hoyle and Sanders, 2000), yet it was less than clear whether she would agree to complete the entire DASH with officers. When the PC returned to the vehicle, she stated that she was relieved that the pair were going to be moving away. The priority seemed to be that the incident was resolved from a police service perspective rather than a victim needs perspective – as alerted to throughout this thesis, these are often two very different things.

Central Referral Unit – The DVA Unit

Secondary risk assessments and the application of risk management (safeguarding) strategies are the focus of the work carried out within the DVA unit (Central Referral Unit or CRU). This work is carried out by both civilian staff and police officers. On a number of occasions, I found there to be more civilian staff than police officers working in the CRU. If this work is carried out predominantly by civilian staff, it may serve to further alienate frontline officers who view DVA as ‘rubbish work’ (Loftus, 2009) from the role of safeguarding victims. DVA should be recognised as ‘everybody’s business’ (HMIC, 2014). It is important to note that the civilian staff should not be considered as less effective than police officers in relation to their role in the response to DVA. Indeed, some of those who were responsible for administrative roles (e.g. inputting and updating files

with new intelligence/information) demonstrated a very good level of understanding of DVA victims and the risks involved in a number of cases. It was stated that DVA administrative staff were increasing the risk categorisations in around 20% of the cases they were working on to update intelligence files. These were medium risk cases that would otherwise only have been reviewed by the sergeant on duty, whom might also be restricted in terms of both knowledge and the time they could allocate to reviewing the risk assessments carried out by response officers.

It was stated that due to the strain on resources, the previous CRU activity of visiting all high-risk victims was reduced to a phone call – this is likely to have had a significant effect on the service to victims – there is a limit to the level of understanding and empathy one can express on the telephone. There may also be a limit to what the victim can express during a telephone conversation. In one high-risk case file it was noted that the safeguarding officer could hear the victims' partner in the background whilst she was on the phone to her. This not only does little to assess the real risk to victims, it also may increase the risk to victims if the perpetrator is aware of the victims' continued engagement with the police. From a safeguarding perspective, it can prevent victims from expressing their needs in relation to levels of protection. A failure to recognise this suggests a lack of understanding in terms of the risk of harm to DVA

victims. From a criminal justice perspective, it can impact upon the victims' decision to support prosecution – women express fear of retaliation if they support prosecution (Hoyle and Sanders, 2000) and they need to be able to trust that officers can provide support and protection.

It is also worth noting that there was significant variation in terms of the knowledge and understanding of senior police officers in the DVA unit. This might have been expected in other areas of the force but it was disappointing to find a lack of knowledge and awareness in leadership roles within the DVA unit. On my first visit I enquired as to the background of a senior officer in the unit and she promptly responded, “well I have a psychology degree”. The officers taking up leadership roles within the DVA unit changed more than once during the course of the project, as did the approach to secondary risk assessment, therefore it was difficult to assess the extent to which it was leadership and/or developments in policy and practice that was having any real impact upon the response to DVA on the ground.

Training – Knowledge and Understanding of Risk and the Needs of DVA Victims

One of my first tasks at Essex Police was to observe the delivery of a three-day Public Protection Awareness (PPA) course and to provide feedback to the Chief Constable on its suitability for rolling out to all staff. I later went on to take part in delivering the DVA input on the course. The observations that took place in classrooms within the training school at Essex Police HQ. were perhaps the most revealing in terms of learning more about the police response to DVA and in relation to the levels of knowledge, understanding and experience of officers and detectives. In some cases, this also involved dedicated DVA response teams/officers/staff. As this proved to be such a rich source of data, it was decided that it would not be necessary to conduct more formal interviews with officers. Assisting with the DVA session as part of the three-day course over a nine-month period gave me the opportunity to engage with officers regarding their thoughts, feelings and understandings of DVA, as well as their frustrations.

This course was designed and delivered in-house. Some of the trainers were full-time (police and civilian staff), however, there were a number of trainers who are retired officers/detectives and/or officers whom are suspended from normal duties. At the time of my first review of the course,

the person responsible for the course content and delivery was a retired detective employed as a trainer. The knowledge of the trainer on a number of topics appeared to be less than appropriate for training on this type of package, however, this is not a reflection on the personal qualifications and experience of that particular trainer. Given the wide range of issues covered on the course (DVA, Honour Based Violence, Modern Slavery, FGM etc) it is unreasonable to expect that the trainer might be an expert on all of them. There appeared to be less enthusiasm and focus for certain topics over the three days. The first DVA input I observed was on the pilot run of the three-day course and it consisted of two YouTube videos; one was a piece of music playing while the words of the poem, 'I Got Flowers Today' by Paulette Kelly, scrolled across the screen; the other was a video of a victim talking about her experience of being badly beaten. The Duluth Power and Control Wheel was also shown. It was clear that the trainer had little knowledge on the topic and that he was using these resources as an aide, or to fill the time. These issues are not likely to be unique to Essex Police – a recent MPS recruit informed me that the DVA training on the probationer course was just one hour long and she felt that it was not fit for purpose (BA criminology graduate). I immediately fed back to the trainer that I felt there was very little there on DVA in comparison to the full PowerPoint presentations and discussions for other topics. He suggested that as every officer across the force had received DASH

training in the last few years it was not necessary to go over domestic abuse at any length again. In the short time I had spent at HQ thus far, I got the sense that this was not necessarily the view held by those in command of domestic abuse investigation teams. It appeared to be recognised that there is a definite need to keep sending the right messages about domestic abuse to frontline officers if they are to understand how to respond appropriately and effectively to victims of DVA. This necessarily goes beyond tick box training. DASH training is not the be all and end all of domestic abuse training. In any case, the DASH form is most effective when supported by the professional judgement of the attending officer/s (Richards et.al., 2008). Professional judgement should be informed by quality training as well as experience.

There would be significant advantages to engaging with experts from partner agencies (universities might also be considered) to assist with delivering these types of packages to officers. The force itself also has a number of its own experts in the senior officers that have significant knowledge, skills and experience in their field; it seems a shame not to tap into this valuable resource when delivering this type of training to all frontline staff. Across the three-day course, there was only one presentation delivered by an external agency, the National Centre for

Domestic Violence (NCDV). This was well presented, reliably informative and clearly well received by officers in attendance.

Following feedback from myself and senior officers from a range of teams the course was reviewed and developed before being delivered to police/staff from across the force. During the nine months I delivered on the revised version of the course, the person responsible for the course content and delivery was an officer that was suspended from normal duties pending the outcome of an internal investigation – whilst he appeared enthusiastic about delivering on the course and developing his knowledge on a range of relevant topics, he did express the view that he would not have chosen the role. I later discovered that he was dismissed from Essex Police as a result of the outcome of the internal investigation. One might consider then, that training is a poor relative to the day-to-day operational activities within the force.

My own input into the DVA session on the course went through a process of development. Reviewing the course and assessing the reaction and feedback of those taking the course allowed me to consider how training may be developed to improve the knowledge and skills of Essex Police staff in relation to DVA. The DVA session involved a partnership between myself and a retired detective (returned to work for EP in an administrative role) with extensive experience of working in the DVA unit. Her skills,

knowledge and understanding were apparent and her dedication towards supporting me with the research in terms of gaining knowledge and access to systems, files and people made a real difference to what could be achieved. We worked together to design and develop the DVA input – the information on police policy and procedure would be delivered by her and I would deliver some academic content along with a frank discussion about my experiences as a victim of DVA. There was some tension regarding the timing of the DV input. Training school staff were frustrated that the session frequently ran over 2 hours – a handwritten note which was intended for the training school manager was found among some paperwork given to me, it read: *“Just to let you know the DV session ran for 2.5hrs today!”*. It is worth noting that the input itself did not take 2 hours, it was the keenness of officers to discuss the topic that often led to the session running this long. The officers mainly seemed grateful for the opportunity to have a frank discussion about DVA in an environment where they could ask questions they may not normally be able to ask a victim and to express frustrations regarding the task of responding to DVA in today’s policing context. It would have been counterproductive, to the training aims and objectives as well as the research aims and objectives, not to give the officers the opportunity to ask questions and share their own thoughts, feelings and experiences on the issue. Indeed at an external conference on coercion and control, in a personal chat with a senior

member of staff from the College of Policing, I was informed that the *Domestic Abuse Matters* training package designed and trialled by the college was “*too didactic*” and needed to be “*more immersive*” if it were to be effective in terms of improving officer skills and understanding. Following the publication of a report based on the evaluation of the Domestic Abuse Matters training package the training has been developed to “include more interactive and self-reflective learning” (Brennan and Myhill, 2017:1). This further supports taking a different approach to police training that involves more meaningful interaction between skilled and knowledgeable trainers and frontline officers.

The PPA course was in full swing during the time that the new legislation on coercion and control came into force (29 December 2015). The mandatory training on coercion and control for all officers at Essex Police (this may also have been the case for other forces) was a computer-based input which involved watching an online video. The video lasted for 8 minutes and was a combination of talk from senior police officers and domestic violence victims. Whilst the video may have been appropriate for providing basic information on the issue, it is not ideal for equipping officers with the knowledge and skills they need to respond to it. As such the DVA input on the course was developed to focus on this. Coercion and control is a complex issue that involves far more than evidencing physical

injuries and even verbal abuse. It requires knowledge, understanding and skill to provide an appropriate response to victims, as well as investigatory knowledge and skills to pursue a criminal justice response (Wiener, 2017).

I was alerted to the fact that officers often run an NCALT training package and go off and do something else (making the tea, so I was told). I myself observed an officer viewing the coercion and control input in one of the offices at Essex Police HQ; he was keen for me to see the input as he felt it was not sufficient to cover the issue. I was grateful for his insight regarding the input not being fit for purpose but also mindful that he had not really watched the video uninterrupted due to calling myself and colleagues over to view the content.

I have no knowledge of any other force delivering the three-day PPA course or any variation of it. Having been involved in the course for a number of months, I would suggest it does go some way to addressing the lack of any in-depth training for frontline staff on areas of public protection policing. There was a mixed response to the course from officers who attended (all ranks were scheduled to attend in groups of around 20 to 30 for each course). There were those who were grateful for the input and the information they received on key areas of public protection policing, in particular on areas they felt they had little knowledge of, for example FGM; others were resentful of being taken away from their day-to-day

activities to sit in a classroom for three days. Employees in any organisation might shuffle along to mandatory training courses filled with dread and a feeling of resentment to face ‘death by PowerPoint’ (phrase mentioned by the trainers at the start of some of the three-day courses). It was noted that no other training course of this kind is available to officers and that they were rarely ever required to attend a course that would take them away from normal duties for a period as long as three days. This demonstrates some commitment on the part of the chief constable in terms of raising awareness of a range of public protection policing issues, not least because of the impact extracting staff from normal duties might have on available resources.

There was a mixed response to my own input to the course. Some were grateful for the opportunity to speak candidly about a topic that usually requires sensitivity in the everyday operational context. I have frequently been informed that my own style of speaking about my experiences of being a victim of DVA encourages people to want to talk about it, either sharing their own experiences or asking questions to improve their understanding. On the other hand, I noted that some officers were less than happy to be lectured by an ‘expert’ on a topic they felt they understood, at least in the context of their own role of responding to DVA. Some were

frustrated by the idea that the police response to DV still required significant improvement, despite being presented with research evidence to support such claims. Due to my focus on women as victims and my discussion around the gendered nature of DVA, some officers were concerned that I might be imposing 'feminist views' upon a police service that is required to serve women and men. One might imagine such views would be shared mainly among male officers; however, the fiercest challenge I received in terms of the gender focussed content of my session was from a woman. The female officer (detective sergeant) was clearly angered by my presenting the gendered aspects of DVA and the inadequacies of the police response generally. Notably, in that class group, there was a group of young male tactical support group (TSG) officers who seemed to be making the most of the three-day course by sniggering and laughing amongst themselves. I got the sense that the female officer may have been looking for support for her objections from the floor - she didn't get any. I responded calmly and rationally to her points, yet she seemed to dismiss my counter arguments. That I was challenged in this way by a woman was somewhat perplexing at first, however, given the above discussion on institutional sexism and the experiences of women within the police it is perhaps not surprising. She was working within a male-dominated environment that is known to be discriminatory towards women – to 'succeed' in such an environment that is particularly resistant to

change one might expect that women might ‘adapt’ to this by trying to align themselves with the dominant culture, rather than trying to resist it. It was perhaps easier for her to resist my ‘feminist views’ because they did not fit with the culture. The fact that she did not get any support from the floor – she did look round for it – was perhaps also significant. Whilst she might have been keen to express her objections to the content, for whatever reason, there was clearly little interest from the men in the room to support her views.

I took the feedback from officers on board and monitored the way in which the input was received and, as suggested above, the DVA input went through a process of development. On one occasion I also trialled reading a copy of a talk I gave at a practitioner’s forum in London which gave a more in-depth account of my own experience of abuse and the support I received and/or would like to have received from police and a range of other agencies. Interestingly, the response to my input was drastically different when I spoke more as a victim rather than an expert. After this session, one of the people responsible for some of the content on the course said *“yeah that’s good, just do your victim stuff, it’s better than the academic stuff”*. A PC also approached me after the session and thanked me for coming in to speak to them, he also explained that he was surprised

somebody like me could be a victim because “*we only usually see Jeremy Kyle candidates*”. This lends support to the argument that a large amount of DVA is still not recognised by police – it is unlikely that the officer had never responded to a DVA incident that did not involve people who he viewed as ‘Jeremy Kyle candidates’, rather that he was not so open to the idea that there may be DVA in more affluent middle-class neighbourhoods. I did explain to the officer that I myself would most likely have fitted his ‘Jeremy Kyle candidate’ criteria when I was experiencing abuse. He was surprised to hear that I came from a disruptive family background, that I had lived on a run-down council estate for most of my married life and that I was married to a man that hardly ever worked, engaged in criminal activity and smoked weed. This image did not fit well with his view of me as a guest on the Essex Police training course. My own ‘crossover’ from my old existence to my new-found status as a professional is something I and those around me also find difficult to come to terms with at times. However, I do recognise the importance of voices such as mine in contributing to the field of academia and in contributing to debates around ‘what works’ in terms of responding to DVA – the perceived ‘Jeremy Kyle candidates’ need protection and support, as do the victims who fit more closely with those featured in the Archers³ – we need to understand all

³ Popular BBC 4 radio show featuring a storyline involving domestic violence. See summary at: <https://www.bbc.co.uk/programmes/articles/KVL2b9gBzsJ8xfKzSGQrCj/helen-and-rob-the-full-story>

experiences in order to understand ‘what works’, or perhaps more importantly, what does not work. The sentiments expressed about ‘Jeremy Kyle candidates’ and the objections to focusing on the gendered aspects of DVA (i.e. focusing on women as victims) reveal some of the consistencies in, and endurance of, police culture. Not only this, these sentiments do not fit with broader governmental developments such as the VAWG strategy (HM Government 2010;2016) or the CPS Violence Against Women and Girls Strategy (CPS, 2018) which, although gender-neutral in terms of provision, seek to recognise and respond effectively to gendered violence - male violence against women. This further demonstrates the gap between policy and practice – strategic frameworks set at the national level do not necessarily have much meaning to those on the ground. Other than in my own discussions with officers, nowhere during this research did I see or hear a focus at EP on the term VAWG whether it be in policy or practice. When FGM was covered in the PPA course many of the officers in each group expressed that they knew very little about it. Neither the term VAWG, nor the strategic intentions of the government and/or the CPS in this regard seem to have much relevance. As such, it cannot be taken for granted that frontline police officers will develop skills to recognise these issues and the risks involved without proper training and awareness raising around the gendered aspects of DVA. Whilst the PPA course was useful in

terms of raising awareness on a range of related issues it was not presented within a broader framework of VAWG.

PPA course feedback forms covering a period of seven months were analysed; however, this could not be done systematically as the approach to gathering feedback was set by Essex Police and it was not consistent, for example the form was shortened, and the style of questions were changed over time. As noted above, the input on DVA was also developed over time, making it difficult to assess the impact of the input in any systematic way. On the whole, I was most interested in the open questions where officers had the opportunity to express their views regarding the DVA input. In the main, the police officers and staff attending the course seemed very appreciative of the DVA input.

Some of the positive comments from the feedback forms demonstrate the potential of this kind of input in improving officers' understandings of DVA, including those that already have a reasonably good level of knowledge. For example:

- PPU Sexual Offences Investigation Team: *“Having worked in the domestic violence unit and in PPU for many years, I thought that I knew a lot. However after these inputs I have learned and remembered a lot that will aid me in my current and future roles”*.

- LPA North Intel officer: *“Brilliant presentation especially from Angela who gave us an insight to her own personal experiences. Has without doubt made me re-evaluate how I view domestic incidents and how they should be approached each and every time”*.

- Joint Domestic Abuse Triage Team PPU: *“Good presentation – but so much more to it. Powerpoint/video very impactive. Also outside speaker/victim – Angie – very good. Always more impactive having an actual victim to tell story and answer questions”*.

It was clearly not lost on some officers that developing a greater understanding of the experiences and needs of victims among officers is vital to improve the service to victims. As outlined above, this is more likely to be achieved through meaningful interaction, rather than focussing solely on classroom training which emphasises procedural requirements

and/or watching video extracts of victims' accounts. The key points to consider in this important area of work are as follows:

- Despite the course covering a range of complex issues over a three-day period, the officers were largely appreciative of the input and of the opportunity to discuss DVA and the police response from a victims' perspective as well as their own.
- This interaction allowed for a good insight into how officers understand the risk of harm to DV victims, and their role in responding to victims.
- Resources were frequently mentioned as a barrier to being able to offer a complete service to victims (e.g. being a 'slave to the radio' and told to get to the next job).
- During the roll out of the course over the nine months of involvement, officers expressed their frustrations and concerns in relation to responding to DV. These included:

- Frustration with the victim and their decision to stay with the perpetrator and/or the victim not supporting prosecution.
 - Frustration with trying to understand and/or comply with procedural requirements in relation to DV response.
 - Lack of training.
 - Burden of being required to provide what might be deemed as ‘social care’ and the time that this might take. The time involved in responding to DV incidents was frequently mentioned as a problem.
 - Concern that in following procedure they are often disregarding victims’ wishes.
 - Desire to allow officers more discretion and the opportunity to use their professional judgement.
 - Desire to eliminate excessive bureaucracy.
 - Frustration at the lack of resources and/or support from partners and outside agencies to support victims.
-
- Officers appeared keen to discuss the victims’ perspective in relation to DVA and the police response. This frequently led to the sessions

running for longer than the time allowed (which frustrated training school colleagues). Some officers also made contact after the course to discuss things further.

- Not all officers were appreciative of the input. Some objected to the suggestion that the police response requires improvement.

General Understandings of DVA Risk at Essex Police

Essex Police, like all other police forces are required to complete the DASH risk assessment form for each and every case of DVA. As outlined above, Essex Police officers, like all police officers working across the country, will have some discretion in terms of how they assess and respond to risk around DVA (Myhill and Johnson, 2015). Therefore, it is important to consider the issues that may impact upon officers' understandings of DVA (*at all ranks!*) and to consider how such issues might guide them to respond in certain ways.

As noted above, senior Essex Police staff (PPU) were engaged in a number of discussions about different ways to word the definition of high risk in order to suggest to frontline officers that cases should only be assessed as high risk where the danger of serious harm to the victim is 'imminent' (in

an informal discussion a senior officer suggested this should be taken to mean that there is reason to believe the victim may be ‘dead by the morning’). Essex Police already have strategies in place to provide extra levels of support to those identified as being part of the ‘acute victim cohort’, for example, they will receive support from a single point of contact, a domestic abuse safeguarding officer (DASO), from the DVA unit. So, to some extent, particularly in the absence of any extra investment in resources, these attempts at manipulating definitions of risk may be seen as a move to reduce demand on the CRU (DVA unit) rather than a move to allow for greater consideration of the risk of harm to victims. On the other hand, it is important to recognise that the amount of time and support that Essex Police can dedicate to each high-risk victim will be limited due to the increase in demand overall. Essex Police is then at risk of failing to provide adequate protection and support for those who need it most. We know that the consequences of this can be damaging to the reputation of Essex Police – for victims, the consequences can be fatal. Admittedly, there is a risk of victims who are in the most danger being overlooked given the large number of high-risk cases being handled by Essex Police. In other words, ‘if everybody is high risk...nobody is high risk’ (a sentiment expressed by a senior officer involved in the policing of DVA).

Whilst demand is increasing as reporting of DVA increases, it is worthwhile to note that the distribution of those cases across the risk categories is also changing. Analysis over a three-year period demonstrated that whilst there had been a steady increase in reports overall, there had also been a greater number of high-risk assessments. Some of this could be attributed to greater levels of awareness and understanding around DVA among frontline staff (as well as wider society and indeed victims themselves). However, it is also important to note that frontline staff are also increasingly concerned about making the right decisions in their assessment of risk. Officers do not want to be blamed for not taking the appropriate steps to protect victims (Turton,2010). Officers are aware that there is less support and protection for victims assessed as medium risk. This not only leaves the victims and their children/families at risk of further experiencing further harms, but it also leaves the attending officer/s at risk of being held to account for not having taken the appropriate steps to prevent/safeguard against such harms.

As news of the removal of secondary risk assessment by CRU staff was shared with frontline officers as part of the PPA course input on DVA procedure many officers expressed concern about the extra burden this placed on them to get decisions about risk right and being held accountable

for victims' safety. In every class, each time this new development was introduced, there were objections and/or challenges from officers regarding this move. Some admitted feeling less than confident and/or qualified to make such decisions in the absence of a review by more experienced staff in the DVA unit. Others suggested that they may be inclined to make a high-risk assessment in order to get more support for a victim they feel would benefit from the support only available to high risk victims. This demonstrates that officers are not just keen to avoid being scapegoats, they are also keen for victims to get the appropriate support from more experienced staff. In this regard, more in-depth training could help to encourage/develop confidence and professional judgement among frontline officers and keep them up to date with developments in terms of awareness, policy, and practice.

All this naturally has a knock-on effect for those victims who have been assessed as medium risk or even standard risk. Categorisations of risk should never be utilised as a means of rationing support and protection. The rationale provided by Essex Police for taking the decision to remove secondary risk assessment by the CRU for medium risk victims in July 2015 was that it would reduce the inconvenience to victims of repeating processes (e.g. answering same DASH questions in each risk review). As noted above, when I asked one of the officers in charge of the DVA unit

what the decision was based on I was merely referred to the work being undertaken by the Public Protection Project and their latest report – the report did make mention of victims frustrations at repeated processes, yet no real evidence was presented for taking such a decision, neither was it suggested as a strategy to improve the service to victims. One might argue then that he made the decision on the basis of reducing demand and looked at the repeated processes issue as a means of justifying the removal of this piece of work from CRU staff. If we take into account that all victims, irrespective of the outcome of the DASH risk assessment, will benefit from dedicated support and protection to help them remain free from abuse in the long-term, there are ethical dilemmas that need to be addressed here too. As demonstrated in this thesis, mistakes are made in assessing DVA risk. This alone, should be enough of an incentive to continue the development and improvement of safeguarding strategies for all victims of DVA, as well as the justification for investment in resources to provide adequate levels of support and protection for everyone. More experienced staff are better placed to distribute valuable resources where they are most needed.

There are also issues concerning agreement on risk levels between the different teams that are involved in the response to DVA. Essex Police separate the response to DVA into two streams of work – the investigation

team (JUNO) and the safeguarding team (DASOs). This works well in some forces, however there are some problems in Essex (HMIC, 2015). Working in this way requires good levels of communication between the teams and a shared understanding of DVA and how to respond. Essex Police files reveal that JUNO officers' assessment of ongoing risk does not always correspond with that of the DASOs in the CRU. For example, in one case, a JUNO officer clearly disagrees that risk levels are as high as the assessment that was made by response officers and the DASO. The JUNO officer, following interviews with both parties, believes the perpetrator version – he did not see that threats to burn down the house were credible, and he stated that the weapons owned by the perpetrator were legal and the victim couldn't tell the difference. This demonstrates that the officer did not believe, or perhaps did not even respect, the victim. It also suggests that there was a lack of understanding in relation to DVA risk factors.

Disagreements concerning risk can lead to confusion for all those involved, not least for the victim – if a victim is aware of a downgrading in risk level it may have the effect of minimising the abuse they have experienced. Women categorised as high-risk are also likely to receive a faster response from police (Radford and Gill, 2006). Regrettably, in some cases, decisions about risk will be influenced more by demand for already

stretched resources than by professional judgement. Officers may well have a good understanding of DVA and the knowledge and experience to consider what may work best in certain circumstances – yet in a high-pressure working environment it is not always possible for them to offer the levels of support and protection that will benefit victims. Several officers, throughout the research, commented on being ‘slave to the radio’ (a phrase used by an officer in the training room) and highlighted the pressure they felt under to ‘get to the next job’. Officers also expressed frustration at the time it takes to respond to a call for help in relation to DVA due to the risk assessment process. They said this could be a problem as ‘it might be that the next call is an even higher risk DV’ (comment from PC in the training room).

It is important to send a clear message that a lack of resources will not excuse decision-makers from putting measures in place to protect vulnerable victims – the consequences of this could be fatal. But it is also important that leadership understand and react to the burdens placed upon officers who are expected to support and protect DVA victims – particularly in the face of cuts to budgets and staffing levels. As noted above, Essex Polices’ workforce has reduced by 17% since 2010 – yet the population has increased by 8%. (HMIC, 2016). In the context of increased awareness and reporting of DVA, reduced resources are likely

to have a negative impact on the polices' capacity to respond to DVA effectively and on victims who ask for protection. So, it is important to recognise that, despite improvements regarding the development of police policy and procedure in terms of their response to DVA, this does not necessarily translate into operational reality on the ground.

Risk – Policy and Procedure vs Operational Reality

There is evidence that Essex Police and/or College of Policing (CoP) policies and procedures are not adhered to even in high-risk cases (see IPCC Hensley/Charles investigation, 2015). In an IPCC (2015) investigation Essex Police were found to bail a perpetrator to the Metropolitan Police Service (MPS) as he was wanted by them for another incident. The MPS then also bailed the perpetrator. This then gave the perpetrator the opportunity to return to Essex and to the victims' home where he stabbed her and the neighbour she had ran to for help. In this case, the victim was initially assessed by Essex Police as high-risk and the victim was willing to support prosecution. It is clear the ongoing risk to the victim was not recognised and/or not acted upon by EP. The IPCC (2015) reported that the decision by Essex Police to bail the perpetrator in the first place was wrong – they also highlighted communication issues in that the victim was not informed of the perpetrator being bailed. The IPCC

(2015) also stated that opportunities to stop the stabbing from happening were missed by Essex Police. The officer handling this case was a JUNO sergeant and, as highlighted within the IPCC (2015) report, it is concerning that the officer did not recognise the bail risk, particularly as the perpetrator had a previous history of offences and the victim had told him the perpetrator had threatened her about going to the police. It is perhaps appropriate to return to the issue of resources again here, as it was also highlighted in the case files that the officer was the only JUNO sergeant on duty that evening for a large area (IPCC, 2015). This case demonstrates that even dedicated DVA officers/investigation teams (e.g. JUNO), who should be aware of the policies and procedures in place to assist officers with determining risk, lack an understanding of how the circumstances of each individual case should/could be considered if the risk is to be truly appreciated and acted upon to effectively safeguard victims and prevent further incidents. Whilst there was a high risk grading following the DASH risk assessment, and it was deemed by the IPCC (2015) that the CRU had considered appropriate safeguarding measures, there was a failure in this case to appreciate the ongoing risk the perpetrator posed to the victim and the measures that might have been taken to prevent further incidents were not taken. The perpetrator was bailed and the case was not referred to the CPS despite substantial evidence and victims' willingness to support prosecution (IPCC, 2015). This demonstrates not

only a failure to appreciate the ongoing risk the perpetrator posed to the victim, but also a failure to hold the perpetrator to account in terms of a criminal justice response. This suggests that there is not only a less than complete understanding of DVA and risk but also that DVA is still not being taken seriously even when there is evidence available to prosecute perpetrators.

In some cases, even the minimum standards expected of officers in terms of responding to DVA are not being met. In an observation whereby it was possible to witness a response to a call for help in relation to DVA, there was no attempt to separate the alleged victim and perpetrator in order for a risk assessment to be carried out. The victim was asked if she wanted to complete a risk assessment whilst her partner was still in the room. These examples demonstrate a gap between clearly defined DVA policy and procedure and operational reality. Not all of the poor decision-making highlighted here can be attributed to a lack of resources. As highlighted above, a number of problems around the Essex Police response to risk in DVA cases can be identified which also demonstrate a lack of understanding and knowledge concerning DVA and risk. There is further analysis of Essex Polices' approach to risk assessment in the pathways section below.

8. PATHWAYS – ‘WHAT POLICE DO’ AND ‘WHAT VICTIMS NEED’

The gathering of pathways data and the development of the pathways analysis began with an invitation from Essex Police; they invited partner organisations to conduct an independent review of 50 domestic violence cases that frontline officers had judged to be high risk. This was following their own review of the same 50 cases. The decision to undertake the reviews was based upon the ‘significant increase in the number of cases assessed as high risk by Essex Police in the past year’. Essex Police considered it to be important that experienced practitioners and leads in other organisations should also carry out a series of independent reviews. Copies of the same 50 files were sent to children’s and adult social care, probation and a multi-agency safeguarding hub, all based in Essex. It is my understanding that the decision to invite me to review the same 50 files was taken more informally after arrangements for the independent reviews had been agreed – there is no reference to my involvement in the terms of reference (all other relevant organisations were named). I enquired as to the result of Essex Polices’ analysis of the 50 high-risk cases. I was informed that their analysis involved a rapid review and the only recorded information as to the outcome of the rapid review involved a spreadsheet which merely stated which numbered cases were agreed to be high risk – there was no formal report produced for sharing with the partner agencies

involved. Whilst this may have served the purpose of confirming for Essex Police that officers were not over estimating risk levels, a rapid review of this kind is not likely to have led to any deeper level of understanding around how decisions about risk in those 50 cases were arrived at. This may not have been a problem for Essex Police, given that the underlying aim was to consider the increase in demand and a lack of resources to meet this demand. I did go on to produce some feedback to Essex Police regarding my own review of the files; however, I continued to develop this work further to meet the aims of the study. The files provided held information from first point of contact through to a final outcome or referral to CPS and/or outside agencies. The more in-depth pathways research involved qualitative analysis of the files to explore risk assessment processes and the actions of police, as well as their interaction with high-risk DVA victims. There was also a clear focus on the voice of the victim to ascertain the extent to which the voice of the victim might have impacted upon risk assessment processes and/or the levels of protection offered by the police. This work helped to consider the ways in which ‘what police do’ might be more closely aligned to ‘what victims need’.

8.1 KEY FINDINGS FROM REVIEW OF 50 HIGH-RISK CASES

Before moving on to a more in-depth discussion of the pathways analysis it is useful to first share a summary of the key findings from the review of high-risk case files as outlined above. The information below was fed back to senior police officers within Essex Police. It should be noted, only 47 of the files were available for review. Two files were empty and one was incomplete and could not be reviewed using the same methodological approach due to missing information (the file was restricted due to the victim being an Essex PCSO).

- Agreed all are high risk.
- 32 correctly assessed as high risk throughout.
- Considerable variation in way in which the DASH is filled out by attending officers. Sometimes just yes/no squashed in on extra question set sheets. Sometimes continuation sheet not used and ‘detailed’ responses squashed into question box of main DASH form.

- Lack of clarity on who provided responses to DASH risk assessment questions. Where victim refuses the DASH it is currently standard practice in Essex to select 'no' responses when recording the information digitally. On occasion officers will sometimes select 'yes' where evidence is available (e.g. victim may be pregnant or have new baby).
- The victim refused the DASH in 13 cases.
- There is little difference between medium-risk and high-risk definitions on the DASH. Yet there is a vast difference between the safeguarding measures which are applied for medium and high risk.
- 12 of the cases were initially assessed as medium-risk when high-risk indicators were present.
 - Of the 12 cases, only one was upgraded to high risk at Sergeant's review; the remaining 11 were upgraded only once reviewed by a DASO or CRU staff.
 - Of the 12 cases, six victims refused the DASH and six responded to DASH questions.

- One case was downgraded from high-risk to medium-risk by a DASO when high-risk indicators were listed in their own rationale. This is of concern given the role of the DASO in safeguarding the victim.
- There is great variation in timing of domestic abuse intelligence team (DAIT) input regarding history of abuse, mental health, alcohol/substance abuse etc. In all those cases where DAIT input was available prior to risk assessment the timing varied from five mins to seven hours after the incident was created by the force control room (FCR).
- In 15 of the cases there was no DAIT input prior to DASH risk assessment being carried out. In at least 13 of the cases there was no clear evidence of Essex Police files having been reviewed before DASH assessment.
- There is great variation in type of DAIT input. Some just state number of previous incidents on PROtect and ATHENA, some give details of last incident, some give details of serious previous incidents.

- Delay in completion of DASH in 11 cases. Longest was over seven weeks after incident was created.
- In one case no DASH was uploaded - file states no DASH completed by attending officers.
- In 33 cases the attending officer appeared to have an understanding of high-risk factors as expressed by the victim. (One of these was later incorrectly downgraded by a DASO).
- In ten cases the attending officer appeared not to have an understanding of high-risk factors as expressed by the victim.
- DAIT input failed to mention involved children in 19 cases.
- Inconsistency in how children are recorded by attending officers and lack of clarity as to the impact children may have had on the risk assessment process.
- Victim demeanour/attitude may have had a negative effect on risk assessment in seven cases.

- Victim not supporting police action may have had a negative effect on risk assessment in nine cases.
- Victim decision to stay in relationship or resume relationship may have had a negative effect on risk assessment in six cases.
- Victim expresses fear in initial call for help in 24 cases. Four of these victims go on to refuse DASH.
- In six cases the victims' responses to DASH questions were not understood and a medium risk assessment was applied.
- In eight of the cases, resources were clearly noted as a reason for delays and/or non-attendance.

These key findings as outlined above were shared with Essex Police in the interest of early knowledge transfer. As suggested above, this work was further developed to take a more in-depth approach towards studying pathways. The following section offers a discussion of the pathways analysis as outlined in the methodology chapter. It was not possible to offer a full account of any one pathway as it was deemed that this may

make victims and officers identifiable; therefore, the chapter has been structured around the two main themes of the research ‘what police do’ and ‘what victims need’. There is inevitably some overlap in terms of the points of focus in each section, for example, risk will be discussed within the section on ‘what police do’ and within the section on ‘what victims need’.

8.2 What Police Do

This section on ‘what police do’ incorporates the points of focus for the pathways analysis as outlined in the table above. Essentially, most of this is centred upon the police understanding and application of risk. It is difficult to ascertain which risk factors in each case contributed to the officers’ decision-making processes concerning the level of risk. In some cases, a clear rationale was provided. However, in some cases, it was necessary to build a picture of how such decisions were arrived at – as such, any interpretation of the decision-making process was based upon the evidence within the files and/or the recorded interaction with victims. Either way, there are cases where it is possible to see how officers fail to identify and/or appreciate the weighting of significant factors in terms of assessing risk.

In one of the cases an officer listed the following on the DASH as the rationale for applying a medium risk grading.

‘Minor injury

Un co operative victim

26 previous dv incidents logged

Victim refuses to complete DV1 Risk & MG11 [DV1 is DASH form and MG11 is a statement]

Safeguarding complete due to arrest. ’

This demonstrates a lack of understanding as to DVA risk factors. Firstly, a minor injury does not equate to lower levels of risk – even in domestic homicide cases, there may be no previous serious physical violence/injury. This as a rationale for a risk grading is concerning, particularly as it may also serve to minimise the abuse for both the victim and the perpetrator. The second point, in relation to an ‘un co-operative victim’ should not be factor in decision-making about DVA risk. It suggests a lack of understanding as to the experiences of victims and the reasons why they may not be willing to provide information. Police involvement can lead to an escalation in risk and the victim may well be trying to avoid the consequences of speaking to the police (Lewis et.al., 2000). In other words, they may be engaging in their own forms of risk management

(Stanko, 1985; Bowen, 2011; Davies, 2011) – this is a reality that officers need to understand. Labelling women as un-cooperative does little to make them feel as though they are being taken seriously – this was highlighted as a key theme in the exploration of ‘what victims need’. It may be stretching the interpretation to claim that the noting of the fact that there were 26 previous incidents logged might suggest a level of frustration with the victim for not supporting police action but it may be worth noting that this victim did not. This coupled with the ‘uncooperative victim’ comment perhaps suggests that there was some frustration. Nevertheless, it is difficult to see how a recognition of 26 previous incidents resulted in a medium-risk grading. It is less than clear how or why this was offered as a rationale for the risk grading. It is worth noting that “nearly one in two (49%) domestic abuse-related violence offences had evidential difficulties outcomes where the victim did not support action” (p, 19). However, victims decisions regarding supporting prosecution are likely to depend on the extent to which they feel the criminal justice process can offer greater levels of safety and protection (Hester, 2005).

A victim refusing the DASH and/or refusing to make a statement can reflect their fear, distrust or a lack of faith in criminal justice processes (the number of previous incidents might add some weight to this assumption)

– however, it should not negate risk – rather it may be considered as a significant factor if the victim is that fearful that they are not speaking up. 26 previous incidents suggest there was an ongoing problem that, despite police involvement, was not being resolved and could be getting worse; therefore, what is the incentive for victims to engage in risk assessment if the process has little to offer in terms of risk management? Lastly, making an arrest does not constitute safeguarding and the officer should not have suggested safeguarding is complete due to arrest – what happens when the perpetrator is released and is angered by police intervention? Arrest may have covered safeguarding issues in the short term, however, given the layers of vulnerability in this case (both perpetrator and victim are stated as having learning disabilities and both are alcoholics – the perpetrator is also identified as an Op Shield nominal – a high risk perpetrator), one would hope that the need for further safeguarding might have been highlighted. This demonstrates a lack of awareness as to the ongoing risk to the victim in this case. Having been assessed at medium risk there was the potential for this case to have passed under the radar in terms of further safeguarding. This is concerning given that the perpetrator had been identified as a high-risk perpetrator (Operation Shield). This case was actually picked up by a DASO and the risk was upgraded from medium to high-risk, however, there is no indication within the files as to how this intervention came about.

The above case was not unique in terms of a medium-risk grading being applied where high-risk factors were present. In another case file the victims' responses to the DASH suggested high-risk factors were present; yet the officer graded the case as medium-risk. The victim told the officer of a current threat to stab her and that she believed him. She answered yes to being very frightened and informed the officer of a previous attempt to strangle her. The victim also gave information regarding previous DVA incidents for which the perpetrator was sentenced. She provided information regarding the perpetrator's heroin use and mental health issues. Despite the wealth of information provided by this victim, the officer did not use the continuation sheet to assist with recording of these detailed responses – the information given by the victim was squashed into question sheet itself. In this case file, the officers' rationale section of the DASH reads as follows:

‘split personality disorder

Suspect in custody

Violence shown towards victim, no injuries

Previous DV between both parties, medium risk

Previous HRDV offender different victim’.

It seems clear that the officer did not understand significant high-risk factors as expressed by the victim – a medium-risk grading was applied. Again, this rationale refers to no injuries as part of the rationale for a medium risk grading. It also refers to previous incidents between both parties having been graded as medium-risk – it is difficult to tell if it was the case, but previous risk grading should not be used as a benchmark against which to assess further cases between the same two people. The final point in the rationale states that the perpetrator is a previous high-risk domestic violence (HRDV) offender (one might assume this alone might dictate a high-risk grading), yet it is also noted that this was with a different victim. This suggests a lack of understanding of DVA in general. Some perpetrators are found to have more than one victim – there is evidence of this in Essex Police files (e.g. Op Shield data on high-risk perpetrators). In terms of the risk the perpetrator poses to the victim, it is difficult to see how a perpetrator previously identified as a high-risk offender would be any less of a serious risk merely because it is a different victim. This case again demonstrates a lack of understanding of risk and the incorrect application of risk categories. In this case the victim did provide information for the DASH yet the risk factors appear not to have been recognised by the officer concerned.

It is of particular concern that even when victims do provide information about their experiences of abuse that the police may fail to recognise the risk of harm. In another case file the victim gives information about the perpetrator's behaviour including threats to kill, stalking and harassment, assaults on police, suicide threats. Despite this the officer grades as medium-risk. It is not clear if the officer did not believe the victim or whether she wasn't taken seriously. One might argue, that it is clear that the officer did not recognise the presence of high-risk factors. Either way, it is worth noting that in an entry on the file the officer states that the victim did not support police action beyond giving the perpetrator a warning – this again perhaps demonstrates the possible failure on the part of the officer to understand the level of fear the victim may be experiencing, which may be the reason behind her not being supportive of police action. It cannot be stressed enough that the reluctance of a victim to pursue full police action should not be a factor in officers' decision-making regarding risk assessment. Regardless of whether the victim supports a full criminal justice outcome, she is entitled to protection; however, if the risk assessment is misjudged then so will be the risk management.

Encouragingly, there was also evidence of officers using professional judgement to good effect. In one case it seems the officer was demonstrating some skill in encouraging the victim to speak about an

alleged offence – the initial call was not made by the victim, it was made by a neighbour who called in to report a breach of a protection order. The officer noted that the victim was ‘so scared she tried to convince police nothing had happened’. The victim did eventually speak about another serious assault previously which had led to a miscarriage. The officer also notes that the victim has a young child and the suspect lives in close proximity on the rationale for the high-risk grading. In this case the officer appeared to be more capable of understanding and appreciating high-risk factors despite the victim minimising the abuse and/or trying to claim nothing had happened. This demonstrates the ways in which officers may use their professional judgement, not only in terms of assessing risk where victims do not feel able to disclose relevant information, but also in creating a context in which victims feel able to speak up about their experiences and disclose offences.

‘What police do’ in terms of establishing levels of risk has serious implications for the ongoing monitoring of risk as well as the levels of protection offered to victims. For domestic violence victims living with abuse, risk assessments and risk management are part of daily life – their lives and the lives of their children may depend on it. Indeed, female victims are found to be fairly successful at assessing their own risk of harm

at the hands of their abusers (Bowen, 2011; Hoyle, 2008); as such, their testimony in relation to how they assess their own risk and their appraisal of how the police respond to them in times of crisis is crucial to understanding how improvements may be made to meet their needs and ensure their safety. There is evidence to suggest that practitioners from outside support agencies consider a wider range of factors than the police in assessing risk for DV victims; for example IDVAs pay more careful attention to victims' appraisals of their situation (Robinson and Howarth, 2012). Listening to victims can serve to improve the understanding of the range of factors associated with predicting risk; it can improve officers' understanding of a range of complex situations; and can serve to inform officers' decisions regarding the necessary levels of protection to be offered.

The importance of listening to the victim was highlighted in the IPCC investigation into the case of Jeanette Goodwin, whom was stabbed to death by her ex-partner in Essex on 24th July 2011. "Her repeated assertion that she was "scared" was a vitally important fact" (IPCC, 2012: 50) – a fact that was not recorded in the call log at the point of her initial call for help to Essex Police. There is no telling if the police response and the outcome would have been different had Mrs Goodwin's concerns for her safety been recorded in the initial call log; however, as was stated by the

IPCC (2012), “this could not have failed to impact the perception of the seriousness of the incident for each subsequent person who handled the log” (p, 50). It is clear, however, that victims’ own assessments of risk and their experiences of the police response to their calls for help are of considerable value to those who wish to improve the service and the levels of protection offered to victims. ‘What police do’ must incorporate the insight of victims. Victims themselves express their need to be listened to, to be believed and to be taken seriously. Victims need police to have the knowledge and skills to deal with DVA effectively and they need them to demonstrate an understanding of their experience. Greater levels of knowledge and understanding among police officers could help to encourage more victims to speak about their experiences. This not only helps police to make the right decisions in relation to risk assessment and risk management, but it also helps to empower victims to take steps that might end the abuse.

8.3 What Victims Need

This section incorporates the points of focus for the pathways analysis in relation to ‘what victims need’, as outlined in the table above. The key themes from the earlier literature review on ‘what victims need’ and the suggestions from Browne (1991) on ‘designing pathways for victims’ were

central to the pathways analysis from the perspective of victims. The significance of the voice of the victim in terms of providing and developing an effective response to DVA has been highlighted throughout this thesis. Victims, at least within the context of their own victimisation, might be considered as ‘experts by experience’ and, as noted above, they may themselves be fairly effective at assessing and responding to the risks they face (Bowen, 2011). Many women live with the consequences of abuse twenty-four hours a day, seven days a week (Stanko, 1990; Kelly, 1998). As such, their testimonies in relation to their experience of DVA are key to providing an appropriate police response which might offer some protection, regardless of whether a full criminal justice outcome is pursued. In the previous section on ‘what police do’ there was reference to cases where the victim gave information regarding high-risk factors in relation to DVA, yet this led to the incorrect risk grading by officers in some cases. Therefore, there is some overlap in terms of the points being raised in the previous section and this one. Whereas the previous section was a focus on ‘what police do’ and their understandings and application of risk, this section will focus on the voice of the victim and the ways in which this may have impacted upon the handling of their case. In this section, this is discussed from the perspective of victims and there is a focus on the extent to which the victims’ needs may or may not have been met. This also includes a general overview of the pathways and the ways

in which the police service may or may not have improved in terms of providing opportunities for victims to disclose DVA and to receive appropriate levels of protection and/or a criminal justice outcome.

As noted previously, it can be very difficult for victims to speak up about DVA (Stanley et.al., 2010; Browne, 1991). When they do, it is paramount that they receive an appropriate response from police and that appropriate levels of protection are provided to prevent further harms. The previous literature review on ‘what victims need’ focussed on victims’ experience of disclosing DVA to the police. The pathways were analysed according to the themes developed from the literature review: victims need to be believed; victims need to be listened to and for the abuse to be taken seriously; victims need to be treated with respect; victims need officers to have some understanding, knowledge, and skills. It is important to make some points here about the inferences made in this section. For example, it is not possible to interpret whether the individual police officers believed the accounts given by the victims included within the pathways research – this can only be known in the minds of the officers involved. So, in some instances, whilst some insight is offered, it is worth noting that due caution was applied in terms of making inferences about why officers and victims might have behaved in a certain way. It was possible, however, to make

some inferences about whether the victims were listened to and whether the abuse was taken seriously or not by looking at the disclosures from the victims and the subsequent actions taken by the police and staff across the pathway. For victims, it may be that the measure of whether they feel the officer/s believed them or not would be based on the officers' actions following their disclosure of DVA. Any failure to respond accordingly to the accounts of the victims and/or the failure to recognise the seriousness of known and identified DVA risk factors may indeed be due to the officers not believing the victims' accounts and/or it may be due to their lack of respect for DVA victims and/or a lack of knowledge and skill in terms of identifying and responding appropriately to DVA risk factors. Therefore, there is considerable overlap between the themes outlined above. The inferences made, and the interpretations of events are based upon what could be ascertained from the police files, as well as the relevant skills and knowledge of the researcher. Whilst this was approached with some caution, due to the lack of any interview and/or direct observational data on the interaction between the officers and victims, it was through the analysis of the whole pathway that some conclusions could be drawn regarding the victims disclosure of DVA and the police response to such disclosures.

In terms of noting the voice of the victim in relation to disclosures of DVA to the police, one of the first opportunities to do so is in the initial call for help. This is the starting point for the pathways analysis whereby some context for the case can be established. The incident report (STORM report) details the initial call for help and any updates which are relevant from call handlers, response officers, intelligence teams and safeguarding officers. As noted above, in 24 of the 47 case files available for the review, the victim expressed fear in the initial call for help. In one case, where the victim called three times in one day, she expressed her fears at what the perpetrator (ex-partner) might do. The call handlers note:

[First call to EP] ‘She is very worried as the sus [EP use sus/suspect rather than perpetrator] has just been outside her house’

and

‘She is very concerned for her safety she is scared he is going to do something to her’

[Second call to EP] ‘Inft is concerned that he is watching inft’ [EP use informant rather than victim]

This victim reported a range of stalking and harassment behaviours (not listed here due to maintaining the confidentiality of those involved). She also reports that he owns weapons which was supported within the file via

an intelligence check by police; the same intelligence check also flagged up previous incidents of DVA (as well as other offences) involving the perpetrator. The attending officer noted that the DASH was completed and assessed as medium-risk and that the informant, despite earlier reports, did not want to report anything or provide details of harassment; 'she just wanted the male spoken to'. The officer notes this, and the need for safeguarding, as the rationale for the decision to apply a first instance harassment with the intention of warning the male. The perpetrator was warned the same day, via a telephone call from the attending officer, about his behaviour and that any further contact would make him liable for arrest for full harassment. The pathway reveals that the DASH risk assessment in this case was later (correctly) adjusted to high-risk. This came about in a review of the file, eight days later by a DASO, due to further offences after the warning was given. The rationale given by the DASO for the review and the upgrade in risk was that firearms were located in a later incident. High-risk DASH assessments were also applied to further incidents and the perpetrator was arrested. The victim continued to refuse to support prosecution, however, she did engage fully with safeguarding planning.

This pathway highlights not only repeated expressions of fear from the victim in the incident report, it also highlights the victims' reporting of the presence of "indicators of risk of serious harm that could happen at any time" (DASH, 2009) – as such, this would have supported the application of a high-risk DASH assessment from the outset. There should be no question as to whether the victim was believed in this case. Indeed, the intelligence check corroborated the victims' account that the perpetrator was known to possess weapons, as well as highlighting his involvement in numerous previous cases of DVA. However, one might reasonably question the extent to which the victim was listened to and whether the abuse was taken seriously. The medium-risk grading (also agreed by the shift sergeant) did not reflect the seriousness of the abuse reported by the victim or the risk of harm which was identifiable due to the presence of "indicators of risk of serious harm that could happen at any time" (DASH, 2009). Notably, the victims' responses to the DASH risk assessment questions also confirm this, whereby she reaffirms the range and seriousness of abusive behaviours and that there has been an escalation in abuse. Somewhat contradictory to this, and to her earlier assertions to the call handlers, the victim also responded 'No' to the question "Are you very frightened?". It is difficult to assess why the victim did not respond affirmatively to this question given her earlier expressions of fear in the call for help. Whilst being cautious not to make assumptions as to the

thoughts and feelings of victims, it may be reasonable to suggest that this victim was not afraid at that moment as the police were in attendance and the perpetrator was not likely to have been an imminent threat there and then. For some victims, involving the police is a means to achieve immediate protection from violence (Hester, 2005). In the extra question set (see DASH, 2009), triggered by an affirmative response from the victim regarding the presence of stalking and harassment behaviours, the officer also responded “No” to the question “Is the victim very frightened?”. Again, it is difficult to assess as to why the officer did not respond affirmatively to this question given the repeated expressions of fear in the victims’ calls to EP and her confirming a range of serious and escalating abuse in her responses to the DASH questions. One might reasonably argue that the officer could have, with appropriate level of knowledge and skill in responding to DVA, used professional judgement to respond affirmatively to this question. However, one might also argue that it was out of respect for the victim, and noting her own response to the same question, that the officers’ response was in line with the victims’ own. It might also be that the victims’ failure to support prosecution resulted in a presumption that she was not afraid. Further research, involving interviews with the involved parties, would be required to gain a complete understanding of these issues. Such research should involve the

exploration of pathways rather than just the analysis of the application of the DASH risk assessment in isolation.

It is clear from the pathways research (not just this case) that there are discrepancies between some of the events recorded in the files (e.g, expressions of fear) and the responses to the DASH by officers and victims. Despite this, it is reasonable to argue that police should possess the knowledge and skills to apply some professional judgement in these cases and for them to recognise the significance of these discrepancies. Encouragingly, in this case the officer notes that safeguarding was ‘key’ so it would appear that there was some understanding of the identifiable risk factors and the need for protective measures to be in place, regardless of the fact that fear was not acknowledged and there was a medium-risk assessment. So, the extent to which the outcome of the DASH risk assessment does drive officers’ actions in response to DVA may be questionable. There may also be reason to question the effectiveness of the DASH in terms of its capacity to direct appropriate action in response to DVA, however as noted by Richards et. al. (2008: 115), “any risk-assessment tool depends on the skill of those using it”. In this pathway, despite the initial (incorrect) grading of medium-risk, both the officer and the victim recognised and accepted the need for safeguarding. It is important to note that there is no suggestion, here or in EP policy and

practice, that a medium-risk categorisation would not, or should not, result in the application of safeguarding measures. However, this case suggests a lack of consistency and clarity across the pathway in terms of the understanding and application of risk by EP. Whilst the identifiable high-risk factors were not recognised, resulting in a medium-risk assessment, there was a recognition of vulnerability and the need to put in place protective measures. It is important to note that whilst working within the procedural requirements of completing a DASH risk assessment, it is possible to get the risk categorisation wrong but at the same time offer a level of protection which might more accurately reflect the risk of harm to the victim.

It is not clear how the rationale that ‘safeguarding was key’ supported the decision to apply a first instance harassment warning. There seems to have been a lack of understanding as to how police involvement might increase the risk (Lewis et.al., 2000). Indeed, the pathway reveals that following the officers’ call to the perpetrator to warn him of his behaviour and that any further contact could make him liable for arrest for full harassment, the perpetrator called the victim and threatened her again because she had been to the police. This demonstrates the dilemmas faced by victims and officers. Across the pathways it is clear that police involvement often leads

to an escalation in abuse and an increase in risk; this finding is not unique to this study (Lewis et.al., 2000). The victim expressed that she did not want to support a prosecution, yet she did want the police to warn the perpetrator about his behaviour.

The officer, fulfilling the expressed wishes of the victim and/or in the fulfilment of procedural requirements, responds to this by applying the warning to the perpetrator. Looking across the pathway, and the noting of a range of factors within the files (e.g. previous offending; reports of stalking and harassment), one might argue that further abuse might have been expected. As noted above, the risk did increase in this case and further high-risk DVA was noted in the pathway. It is difficult to tell exactly why the victim chose not to support prosecution in this case but it is worth noting that convictions in relation to DVA are few and far between given the number of reports of DVA received by police (see Hester, 2005).

It is useful to consider the above pathway in relation to another pathway whereby a criminal justice outcome was pursued by both the victim and the police and to reflect upon the processes and procedures that led to this outcome. Notably, this pathway stood out from the rest precisely because of the victim, the processes and procedures followed, and the eventual outcome. The victim contacted the police following threats to kill from her

ex-partner. The victim reported that threats to kill were made by telephone against the victim and others. She (victim) also presented recorded evidence of his (perpetrators) threats and abusive behaviour to the police. It was noted that she was advised to do this by a police officer when she had previously reported the perpetrators behaviour and no action was taken by police. Whilst the incident report does not clearly state that the victim expressed fear, it is noted that the victim is:

“visibly disturbed”.

It is worth mentioning here that the completion and content of incident reports and crime reports varies between staff and officers; this was noted across all the pathways. Whilst there are some procedural requirements in relation to what is logged within the reports (e.g. communication/event logs), the free text that is entered is a product of each individual's (police staff and officers) interpretation of those events and the prioritisation of those events in the minds of those individuals. In other words, the victims' voices will only be included within the files if the police staff and/or officers record it. As noted in the methodology chapter, the documents for analysis may well pay less attention to the victims' 'subjective narrative' due to a greater focus on 'information and facts' which may be more in line with 'an officially sanctioned approach' (Martinell Barfoed, 2014; cited in Jacobsson, 2016: 165). It is not difficult to see how this

would be the case within police files. However, again, the ‘information and facts’ that are recorded may still depend upon what is prioritized for police action. For example, there may be greater attention paid to ‘information and facts’ that would lend support to a case for prosecution and less attention to ‘information and facts’ that might inform safeguarding planning, and vice versa; or it may be that due attention is given to both prosecution and safeguarding. In this pathway both prosecution and safeguarding activities were pursued. Notably, they were pursued by the victim as well as the police.

Unlike the previously discussed pathway, this case was assessed via the DASH to be high-risk from the outset. Whilst it is difficult to directly compare the circumstances of one case of DVA with another (the circumstances of individuals and events are not the same in any two cases), the previous pathway did contain reports from the victim which details more high-risk indicators than this one yet it had resulted in an incorrect medium-risk categorisation. Neither of the victims reported physical violence and both victims reported threats to kill. Intelligence checks for the previous pathway confirmed the presence of high-risk factors (possession of weapons) and confirmed several previous incidents of DVA involving the perpetrator. Intelligence checks for this pathway confirmed one previous case of DVA. It is not to say that this case was wrongly

assessed as high-risk – the risk assessment was deemed appropriate by the researcher and it was also noted within this pathway that the attending officers' high-risk assessment was later agreed by a DASO. It is clear from the pathways research (not just these two cases) that there is a lack of consistency regarding the significance and weighting of risk factors in the process of risk assessment at EP. In other words, there is not much evidence of a 'common understanding' of risk in relation to DVA. This might reasonably be attributed to the variation in knowledge, skills, and application of professional judgment among officers. EP, as much as any force, should not be complacent about this – inadequate training on DVA is likely to lead to errors in judgement as to the risks victims face and in how to respond effectively to the disclosures of victims.

It is important to note the differences in approach in terms of responding to the disclosure of the victims. Again, with reference to the ways that documents are produced and the impact this may have on the victims' pathway, the DASH form for this pathway reveals some differences to the previous pathway. In this case the DASH form refers to the involved parties as 'V' and 'P' (victim and perpetrator); and in the crime report, as 'victim' and 'perp'. In the previous pathway the DASH and the crime report refers to the involved parties as 'victim' and 'suspect'. This might be a minor observation, yet it is worth considering the language used and

the judgements made by the staff and officers involved across the pathway. The previously discussed pathway did not result in a prosecution – this pathway resulted in a prosecution and conviction. It is as if the language used at the early stages might predict the outcome further down the pathway. Notably, there was very little in terms of the victim voice in this pathway but she did approach the police with evidence in hand and a willingness to support prosecution. As noted above, the pathways are not directly comparable and this was never the intention of the research; however, this pathway stood out, not least because the outcome for this pathway seems to have relied as much upon the victims' knowledge and skill in gathering evidence as it did upon getting an effective response from the police to the victims' disclosure. Either way, it might be considered that this victims' needs were met. Some women do request the safety and protection that might be afforded to them via a full criminal justice outcome (STADV, 2002; Hester, 2005). It is in little doubt that she was believed, yet this is more likely because the victim herself presented sufficient evidence of the abuse. It is in little doubt that she was taken seriously due to the outcome of the risk assessment, subsequent safeguarding activities, and the relative speed in processing the case for prosecution. The handling of the case throughout the pathway does not suggest there was any lack of respect for the victim – it could be that the victims' effectiveness at gathering evidence which fitted well with system

requirements and her willingness to support prosecution afforded her some respect. The knowledge and skill of the attending officer was evident in the rationale provided for the high-risk assessment which noted key risk factors.

It is encouraging to reflect on a pathway where the victims' need may have been met and there was evidence of good practice across the pathway; however, it is worth remembering that this pathway stood out for this very reason. It is also encouraging that in both the pathways discussed here there was a recognition of the need for safeguarding measures to be put in place, even where the risk categorisation was incorrect. This would suggest that whilst there might not be a common understanding of risk or the application of the DASH risk assessment, there might be a common understanding of the need to offer safeguarding measures. It may also be that the consistent application of safeguarding measures for DVA victims is what Loftus (2009) referred to as 'arse covering'. This might meet procedural requirements but will not always meet the needs of victims. As outlined in the literature review, victims need to be believed; victims need to be listened to and for the abuse to be taken seriously; victims need to be treated with respect; victims need officers to have some understanding, knowledge, and skills. The extent to which police processes involve needs

assessment is somewhat limited. Police officers are more likely to be driven by system requirements than they are the needs of victims.

Whilst the strategic intention, in terms of improving the police response to DVA in relation to risk assessment and management, might be putting victim voice at the heart of the service, it is difficult to see how this might be realised. When nation states are not fully obligated to comply with the provisions laid out within international political instruments designed to address DVA (e.g. Istanbul Convention, 2011), it is not difficult to see how these agendas are not more stringently adhered to. Whilst these gaps continue to exist at the international and state level, it is difficult to see how they might be closed at the local level. There is a need for a greater level of commitment in the governance of DVA. We have no doubt seen some progress in terms of strategic intentions but there is a need to continue this work to improve on the response to DVA to ensure that pathways to safety are available for victims who wish to tread them.

In terms of Browne's (1991) suggestions regarding 'designing pathways for victims', there are now policies and procedures in place which would address most of the points she makes (see table in methodology). As outlined above, developments in policing in the last 30 years have served to improve the paths from disclosure to intervention for those who choose

to walk them. The extent to which they are clear is questionable; due to the dynamics of DVA and the diversity of victims and perpetrators it is unlikely that there will ever be a clear path where the next steps can be known. Good communication between police officers and victims might indeed do more to provide some clarity to victims as to what to expect from the police service; however, as noted above, the notion of a ‘common understanding’ of the victims’ pathway is far from realised in the policing of DVA. In terms of filling any gaps in the pathways, there have been significant developments in terms of multi-agency partnerships (e.g. MARAC) and women’s support agencies (e.g. Women’s Aid; IDVAs) have also been increasingly instrumental in the provision of protective services. The polices’ capacity to take seriously the ongoing risk of violence and retaliation experienced by victims of DVA and their capacity to provide safe pathways to intervention depends largely upon their understanding of DVA risk and their application of the DASH risk assessment tool, as well any subsequent risk management strategies. This research raises some questions as to the polices’ capacity to accurately assess the risk to DVA victims. The variations in understandings and application of risk have been highlighted above. The responsibility for this does not lie solely with the individual officers involved in the pathways and/or scenarios highlighted within this thesis. The attention to modern risk technologies and the notion within the criminal justice system and beyond that such techniques can

somehow make all manner of risks knowable, calculable and predictable (Kemshall, 2003) is problematic. The DASH risk assessment tool has certainly been a step forward in the police response to DVA in terms of guiding police officers' enquiries with victims about recognised and identifiable risk factors. However, its usefulness should not be overstated as it does not provide a failsafe means of measuring the risk of potential harm to victims - "any risk-assessment tool depends on the skill of those using it" (Richards et. al., 2008: 115) and professional judgement (Robinson and Howarth, 2012). The skill, knowledge, and professional judgement of those using it depends upon them receiving appropriate training and guidance in relation to responding to DVA. Strategic frameworks at the national and/or international level might more accurately reflect the dynamics of violence against women and girls and a more proactive approach to prevention, yet there is also a lack of commitment from nation states, including the UK, in terms of implementing these agendas. It is no wonder then, that there may be little knowledge and awareness of these issues at the local level or in the minds of police officers. There is a gender patterning to the risk of DVA and to the fear of victimisation (Davies, 2011) which needs to be understood by police. As noted above, an appropriate response necessarily involves an appreciation of women's and children's experiences of male violence in their everyday lives (Stanko, 1985; Kelly, 1988; Dobash and Dobash,

2004; Stark, 2009; Davies, 2011), This is a requirement for providing a pathway of intervention which is safe for the victims who choose to walk it. Victims need police officers to understand that their decision to involve the police, whether that be in the pursuit of immediate safety or in the pursuit of a criminal justice outcome (Hester, 2005), can lead to further retaliatory violence and that separation from the abusive partner increases the risk of homicide (Epstein and Goodman, 2019). Whilst negotiating the best path to safety, women will, as Browne (1991) suggests, walk the path back and forth and this should be understood. It is not helpful for police to become frustrated with women who may later withdraw a complaint (Loftus, 2009); their decision is likely to depend on the extent to which they feel the criminal justice process can offer greater levels of safety and protection (Hester, 2005). In the training room observations officers consistently expressed frustration at victims who do not support prosecution. This issue was also discussed informally with a former senior JUNO officer at EP who asked my opinion regarding the potential of playing back the 999 audio to victims to remind them of the fear they were expressing at the point of calling for help. The officer suggested this as a means to encourage victims to support a prosecution. It is also perhaps a recognition from an officer experienced in responding to DVA that there is some discrepancy between what the victim reports in the initial call for help and what they are prepared to report in support of a prosecution. I

noted the good intent in looking for ways to hold perpetrators to account for the harms they inflict on victims, yet I expressed concern at the ethics of playing 999 audio back to victims in order to get them to support a prosecution which will not necessarily result in a conviction. As noted above, victims' reluctance to support prosecution is based not only on their own estimations as to whether the police can protect them, it is also based on knowledge and experience of the system (Hester, 2005). In one pathway when the victim was asked to provide details of the incident she was noted as saying:

‘What’s the point? He’s only gonna get a slap on the wrist anyway’

For this victim it would seem she has walked the path before, and it was perhaps more than she could endure to walk it again given her knowledge/experience of the outcome. Perhaps she just wanted to achieve immediate protection from the violence (Hester, 2005). More could be done to assess the needs of victims to ensure that the path is worth walking for each and every victim. As noted above, “If survivors can be helped appropriately from the outset this will save not only the financial cost of many years of intensive service use, but the human cost of wasted years and lives lost” (Scott et.al., 2015: 9). DVA is everybody’s business and it is in the interest of everybody to ensure the needs of DVA victims are met

in terms of delivering a more effective police response to DVA, regardless of whether a criminal justice outcome is pursued or not.

9. CONCLUSION

It is clear that there are some long-standing consistencies in the voices of victims regarding the police response to DVA. It is recognised that the police have come a long way over the last few decades in terms of improving their response to DVA; however, the consistencies in women's voices and the findings from this research suggest they still have work to do. This research offers some timely insight into the ways in which 'what police do' might be more closely aligned with 'what victims need'. This necessarily goes beyond the introduction of specific measures and interventions to consider pathways and the extent to which the police response to DVA meets the needs of DVA victims. Despite a range of improvements in terms of risk assessment tools, protection orders, disclosure schemes, multi-agency partnerships and referral schemes, over the last few decades, there are still some issues with the policing of DVA which have clearly endured throughout the shift in the policing of DVA. In a climate where evidence-based policing research is centred upon statistical counting and measuring of 'outcomes', it is important to open up the field to include more qualitative research of this kind that takes a more in-depth approach to exploring women's overall experience of the police response to DVA rather than single points along the pathway of intervention. It is crucial that the police understand DVA risks and that

they have an understanding of the ways in which the police response to DVA can have an impact on their risk. It also key that police understand the issues victims face on the pathways from disclosure to intervention. These are the issues that this study has sought to highlight. The invitation to conduct this research was clearly part of a broader incentive to incorporate the insight of victims into police practice, which is encouraging, as the police move along a pathway towards the continued development of the police response to DVA.

10.RECOMMENDATIONS

- ***Issue: Definite need for specially trained staff to review/support those who have been assessed as medium risk.*** It is understandable that the most protection will be offered to those who present the highest risk. However, if Essex Police intends to offer a level of protection that is in line with the level of risk, then more should be done to support those who are assessed as medium risk. We know that many women underemphasize the abuse they have experienced and we also know that a change in circumstances may increase the level of risk from medium to high in an instant. There is little difference between medium and high risk categories as defined in the DASH; however, depending on which risk category victims have been assigned to, there is currently a very big difference between the levels of protection and support offered Essex Police and relevant agencies.

The apparent reason for removing the secondary risk assessment within the CRU since July 2015 was the duplication of tasks/processes. Indeed, victims can feel that they are not listened to if they have to keep answering the same questions and many of them will find it difficult to keep going over the same events. This provides some justification for

ensuring that processes are not unnecessarily repeated. However, it is unlikely that the decision to remove the additional level of scrutiny by specially trained staff in the CRU was made solely on the basis of consideration for the victims, particularly as nothing seems to have been put in place to ensure that medium risk victims are adequately supported/protected since the change. It is likely that stretched resources and the backlog of DVA cases to be reviewed were a significant factor in the decision-making process on this occasion. Undoubtedly, as more victims are coming forward to report DVA and there is continued progress in terms of recognising the serious harm caused to victims and their families more victims are being identified as high-risk – as previously suggested these victims will require greater levels of protection and will place a greater demand on resources. However, the allocation of resources according to risk categories can lead to a lack of provision to women who might equally benefit from protective measures but do not qualify for them because they are not deemed high-risk. A more balanced approach to supporting and protecting all victims, irrespective of the risk category to which they have been assigned, will help to prevent further harm to them and their families.

- ***Suggestion:* Consider some level of additional scrutiny by CRU staff for those that are initially assessed as standard and medium risk by frontline response.** It appears that this may be happening unofficially and that a number of cases (around 20% was the estimate given) may have had the risk category raised as a result. More work needs to be done to confirm the scale of this and depending on the effectiveness of this process it could be an option to put this fully into practice. The staff concerned obviously feel knowledgeable and confident enough to consider the information they have and apply this to risk assessment despite it not being part of their role – these skills could be utilised to greater effect. This may be a way of adding some form of safety net for those victims who may not have been assessed effectively in the first instance. As it seems it is already happening it would presumably not require a massive amount of extra resource and could be put into place fairly swiftly.

- ***Issue:* Improving knowledge and encouraging/developing confidence and professional judgement among frontline officers through more in-depth training.** The way that knowledge about risk

is produced, interpreted and understood inevitably has an impact upon any reactions to it. Whilst standardised risk assessment tools and organisational decision-making frameworks are necessary, they can serve to diminish the capacity for individual practitioners to use their professional judgement in their response to risk. However, there remains considerable pressure on them as professionals to take the necessary actions to optimise public safety and prevent harms to victims. More in-depth training is required for officers to have the confidence to enhance the risk assessment/management processes through applying their professional judgement.

There is evidence to suggest that practitioners from outside support agencies consider a wider range of factors than the police in assessing risk for DV victims; for example IDVAs pay more careful attention to victims' appraisals of their situation. Listening to victims can serve to improve understandings of the range of factors associated with predicting risk; it can improve officers understanding of a range of complex situations; and can serve to inform officers' decisions regarding the necessary levels of protection to be offered.

Victims frequently report that frontline officers do not understand their situation and/or don't believe them. Officers need to be equipped with

the knowledge and skills to be able to interact with victims in a meaningful way to prevent further incidents and assist victims with remaining free from abuse in the long term.

- ***Suggestion: To develop a stand-alone training package to improve the response to coercive control.*** There is a need for in-depth training around coercive control – an 8 minute NCALT is available for Essex Police officers. The voice of the victim should be part of any training course as should there be some reference to research evidence regarding ‘what works’. This will help to give officers/staff an insight into victims’ experiences of abuse and the response from the criminal justice system, as well as sharing academic research findings on key areas. The training should involve time and space for officers to develop a greater understanding of DVA risk. This would ideally be with women’s advocate/s who are skilled in delivering training to practitioners.
- ***Issue: Listening to DVA victims/survivors.*** The value of victims/survivors voices in improving services is now becoming more widely recognised; the HMIC now requires that DVA victims are consulted in relation to police responses. However, it is an aim that

often seems unachievable for many organisations, not just the police - where it does occur, it is often patchy and has little significance to everyday practice. Victim surveys are a means of ticking a box with the HMIC to demonstrate that victims' views have been sought; however, survey data does little to unpack the lived experience of victims who ask the police for help in relation to DVA. As a professional, who has also been a victim of DVA over many years, I consider the invitation to carry out this research project at Essex Police to be of great significance. However, I am just one voice and I am keen to develop new ways of allowing policy makers and practitioners to hear and heed a more diverse range of voices. There are considerable gains to be made (on all sides) in involving service users in policy and service development in a more meaningful way.

- **Suggestion: Consider supporting the creation of a Domestic Violence Survivors Forum.** I am passionate about building on the work that serves to improve the levels of support and protection to victims of DVA and their families. I would very much like to see police work with women's organisations on a project to create a survivor's forum. Setting up a project of this kind will not be easy and will take a considerable amount of time, skill and dedication. Aside from having some participation in

the project, all partners involved in DVA strategic committees that wish to draw upon the findings of the forum would need to demonstrate a real commitment to change and accountability. I realise this would be a big commitment; however, it would help Essex to stand out as a driving force in improving police responses to DVA. Importantly, there are also ways in which the project could empower victims and encourage them to gain new skills and training through their involvement with the project.

- **Issue: Creating and investing in DVA professionals.** DVA is a complex issue and not everyone within Essex Police can be an expert; however, it would be useful to have a network of identified individuals (champions), particularly on the frontline, who can be accessed fairly easily for guidance and support that also has some meaning in terms of operational reality (i.e. something more than just a policy document to refer to). It is envisaged that this network could be more of a ‘bottom-up’ approach to bringing together and maintaining relevant knowledge and experience of best practice and challenges as they occur on the ground in real-time. There is the potential for the skills, knowledge and practice of the champions to be adopted by fellow officers in their own responses to DA, thus improving the service to a greater number of victims.

- ***Suggestion: Consider creating a network of DA champions.***

The champions would naturally need to have some form of in-depth training on DVA and ideally some form of recognition for this and their ongoing role as champion.

- All champions would need to be regularly updated on developments in the field of DVA locally and nationally; this could be done through a champions database as well as through network meetings.
- Time would need to be allowed for regular meetings and input into an online database where knowledge of DVA issues, safeguarding, local victim support services, and practical problems/solutions can be shared and easily accessed by fellow champions.
- There should be a mechanism for relaying the key aspects/findings of this work up to more senior officers – this will help with gaining a more complete understanding of how policy may not be having the desired effect in terms of operational reality. Feedback should go both ways to

demonstrate the importance of the work the champions can do to help improve responses to DA. Skilled facilitation of this process should be considered to keep this work on a positive note and to prevent this becoming a platform to complain.

- It is difficult to ensure that all officers have read the latest policy document referring to DVA responses and to ensure that they fully understand the rationale behind new developments. DVA champions can help to spread the word and give more informed advice about any new developments and how they may affect officers and victims. With a good network of champions in place, this could be taken on more formally within staff briefings.
- Once up and running, there could also be the potential to develop the network of champions further to external partners to improve the levels of partnership working on the ground. Every officer and member of staff in relevant agencies knows there is a number to call or a policy document to refer to if they need advice to make an informed decision in responding to a disclosure of DVA. Simply being involved in a network of fellow champions can help with putting a face/name to a contact which can make

all the difference to achieving meaningful engagement with partners at service level.

Inter-agency training packages could be devised to assist further with making the network more effective in supporting victims and preventing DA (if training is provided by Essex Police there may be some return on the investment towards the training of officers and setting up the scheme). I met with a Southend Borough Council employee responsible for commissioning who has expressed an interest in training around DVA for their drug/alcohol practitioners...so there is some call for DA training among partners. I can see the potential for sharing the financial burden of training provision whilst also forming greater relationships with partners on the ground.

- Another consideration for a county wide network of DVA champions could be the opportunity for victims to disclose their experience of abuse at a number of locations where support and guidance can be offered around safeguarding. The CPS guidance on coercion and control also refers to gathering evidence that does not rely solely on the victim to support the investigation/case. With DVA champions in a number of partner agencies it could be easier for officers to gather relevant

information from a number of sources (housing advisors, health practitioners, teachers etc).

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